DOCUMENT RESUME

ED 462 768 EC 308 830

TITLE	Interdisciplinary Graduate Program: Rural Early Intervention Specialists for Low Incidence Disabilities (REIS/LID). Final Grant Performance Report [and] REIS/LID Student Guide.
INSTITUTION	Maine Univ., Orono. Center for Community Inclusion.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	2001-09-28
NOTE	422p.
CONTRACT	H325A980031
PUB TYPE	Guides - Non-Classroom (055) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC17 Plus Postage.
DESCRIPTORS	*Curriculum Development; *Disabilities; Distance Education; *Early Intervention; Graduate Study; Higher Education; Infants; Professional Development; *Rural Areas; Services; *Special Education; *Teacher Education; Toddlers; Young Children
IDENTIFIERS	University of Maine

ABSTRACT

This final report describes accomplishments and activities of a 3-year federally funded project of the University of Maine to develop and deliver a graduate Master's degree program in early intervention for infants and young children with low incidence disabilities. A curriculum was designed to prepare professionals to provide culturally relevant, family-centered, inclusive, interdisciplinary services. To make the coursework accessible to professionals practicing in rural areas, classes were offered through a combination of weekend classes, interactive video conferencing, intensive summer institutes, and on-site and online supervision and advisement. Each student also completed two semesters of practica and a graduate project. Students were expected to demonstrate competencies in nine areas with assessment via formative evaluation, formal evaluation at the end of each semester, and portfolio evaluation. Project challenges included student attrition (from 31 to 18), geography and weather conditions, use of alternate scheduling formats, and technological difficulties. Curriculum materials comprise the major portion of the document and include a table of course sequence and course descriptions, course syllabi, forms for evaluating program competencies, a low incidence disability knowledge and skills checklist, and the agenda of a project forum on professional development in early intervention. The REIS/LID Student Guide gives an overview of the REIS/LID program, summarizing the curriculum certification, competencies, course descriptions, degree options, graduate projects, portfolios, practica, stipends, and tuition. (DB)

ENTIRE DOCUMENT:
POOR PRINT QUALITY

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 462 768

U.S. Department of Education
Office of Special Education and Rehabilitation Services/GCST
Room 3317, Switzer Building
400 Maryland Avenue S.W. — CFDA No. 84.325A
Washington, D.C. 20202

FINAL GRANT PERFORMANCE REPORT

Grant No: H325A980031

Interdisciplinary Graduate Program: Rural Early Intervention Specialists for Low Incidence Disabilities

THE RURAL INTERVENTION SPECIALISTS/LOW INCIDENCE DISABILITIES (REIS/LID)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

University of Maine

For the Period:
July 1, 1998 – June 30, 2001

Submitted by:
Center for Community Inclusion
Maine's University Center for Excellence
University of Maine

Contact Person:
Lucille Zeph, Ed.D., Project Director
Center for Community Inclusion, UCE
5717 Corbett Hall
Orono, ME 04469-5717
(207) 581-1084
email: lu.zeph@umit.maine.edu

EC 308830

BEST COPY AVAILABLE

II. Final Report Narrative

Project Overview

The University of Maine Center for Community Inclusion (formerly University Affiliated Program and now University Center for Excellence), in collaboration with the College of Education and Human Development, was awarded an OSERS grant to develop and deliver a graduate program in early intervention for students with low incidence disabilities (REIS/LID). The grant period was July 1, 1998 – June 30, 2001.

The REIS/LID project provided graduate education in early intervention for infants and young children with low incidence disabilities to professionals providing early intervention services throughout the state of Maine. The project made graduate study in Early Intervention available for the first time in Maine. Given the geographic isolation of much of the state, the only option previously available to personnel interested in graduate work in the early intervention field was to leave their positions to attend out-of-state institutions. Additional goals of the project were to institutionalize the graduate specialization within the University of Maine, to promote professional networking among the students, and to offer a faculty institute during the final year of the project.

Northern Maine and Southern Maine student cohorts were recruited to participate in the project. Each of the two cohorts completed the degree requirements as a group. To make the coursework accessible to these professionals, classes were offered through a combination of weekend classes, interactive video conferencing, and intensive summer institutes. On-site and on-line supervision and advisement were also provided. Stipends of approximately $2,000 per year were awarded to students enrolled in the program. The REIS/LID curriculum was designed to prepare professionals to provide culturally relevant, family-centered, inclusive, interdisciplinary services to infants and young children with low incidence disabilities and their families. The program also emphasized preparing students to take leadership roles within local and state early intervention systems.

Each student completed two semesters of practica. Since this program was aimed at practicing professionals, most of the practica requirements were completed in the early intervention programs in which students were employed. Ongoing field supervision provided opportunities for students to engage in practica activities and to complete projects designed to improve their early intervention programs as well as their individual competencies. Students were expected to demonstrate competencies in nine areas: (a) typical and atypical infant/child development; (b) collaborative teaming and consultation; (c) family partnership; (d) infant/child assessment, program development, and implementation; (e) administration, supervision, and staff development; (f) personal professional development; (g) research and program evaluation; (h) assistive and instructional technology; and (i) professional ethics, advocacy and public policy.

Assessment of student competency was conducted in three ways. First, formative evaluation and coaching was provided to each student on an on-going basis through practica supervision and course assignments. Second, each student's competency level was evaluated formally at the end of each semester student by the faculty advisor in collaboration with the student. Finally, each student compiled a portfolio comprised of artifacts that documented achievement of the competencies and submitted the portfolio as a requirement for program completion. Each student also completed a graduate project as a requirement for completing the degree program. The purpose of the graduate project was to provide an opportunity for students to identify a significant problem or issue in the field of early intervention and to use a collaborative approach to inquiry to address the issue.

Course/Program Development and Approval

The initial focus of the REIS/LID project was program development. During the first year of the project, a new program option in Early Intervention was developed and approved by the faculty of The University of Maine College of Education and Human Development (CoEHD) as part of the graduate program in Special Education. Students completing the program option received a Master of Education (M.Ed.) in Special Education with a specialization in Early Intervention. A series of new courses were developed for the specialization over the first two years of the project. A new course designator (SEI) was adopted for these courses and course approval was received for ten new courses. These courses are now part of the University's regular course offerings.

Creating a Statewide Network of Professionals

Providing an opportunity for professional networking for students who were participating from locations throughout the state of Maine was an important focus of this project given the rural nature of the state. This was accomplished through several different means. An opportunity to directly interact and socialize with other students was offered early in the project through an intensive, one week, on-campus summer institute in July 1999. In addition to the 8 AM to 5 PM classes, a continental breakfast was provided each morning and a catered lunch was brought in on one of the afternoons. A barbecue was also held one evening and on other evenings students organized outings to local restaurants. These activities provided informal, comfortable opportunities for students to initially forge relationships with others in the project. Further opportunities for face-to-face interaction over the subsequent two years were built into the project by scheduling at least one in-person class meeting in classes utilizing distance technologies. One of the faculty members also had all of the students to her house for lunch during one of these class sessions. At the end of the project students came together to celebrate graduation at two parties, one at the home of one of the students and the other at the home of a faculty member.

Use of The University of Maine's e-mail system, FirstClass, was particularly helpful in promoting communication and a sense of community to a larger network of professionals. This system was used in a variety of ways throughout the project. All of the students had personal e-mail accounts, allowing them to communicate individually with other students and with faculty members. In addition, a great deal of interaction took place within the project's e-mail conference. The conference allowed students and faculty to share information about local, state, and national events, professional resources, and information related to course changes, updates, and assignments. A special feature of many of the courses was an assignment called "Question of the Week". In this assignment, an instructor posted weekly questions related to course content, and students received credit for their responses. As time went on and close ties developed among students, the FirstClass conference was also used by students to update others on personal and professional events in their lives. Blackboard, a web-based system, replaced the FirstClass conference for the weekly question and course announcements in the Spring 2000 semester. However, FirstClass continued to be used extensively for other intra-group communication purposes.

Graduate Projects

Students carried out graduate projects as a requirement for the M.Ed. degree. Each student, in consultation with a faculty member, identified a significant problem or need in their agency or community; developed an initial plan to address the problem, including evaluation strategies; submitted a proposal for faculty approval; implemented the plan; and prepared a report on the project. Students were encouraged to use a flexible problem-solving approach and to modify their plans based on challenges encountered as they proceeded with implementation. Each student presented the project at a final seminar on May 12, 2001.

Examples of projects carried out by students included: recruiting and supporting family child care providers; developing a support network for practitioners to embed infant mental health principles in their work; and creating a program to promote collaboration between an early intervention program and group pediatric and family practices in a community. One of the students became concerned about the problem of abandonment of very young infants in the state. She worked with a state legislator to introduce legislation that would provide a method for newborns to be left in a safe place, such as a hospital, instead of abandoned. The projects not only offered an opportunity for the students to develop competencies in action research, reflective practice, collaboration, leadership, and systems change strategies, but also addressed issues and problems related to young children and their families within the students' agencies and communities and throughout the state as a whole.

Graduates

Thirty-one students were accepted into the cohorts at the outset of the project in May 1999. Fourteen completed all requirements and received their M.Ed. degrees in May 2001. Four additional students are continuing to complete requirements for graduation. Factors contributing to student attrition and lack of completion during the project period are discussed later in this report, in the section on the challenges encountered.

Continuation of the Graduate Specialization in Early Intervention

Building on the successful foundation of the REIS/LID project, the project faculty submitted a proposal in October 2000 to the Office of Special Education

Programs for a new grant to provide further funding for graduate study in Early Intervention. The new project, **T**raining **O**ptions for Early Intervention **P**ersonnel (TOP) has been approved for a five-year period and provides tuition support for students to pursue a graduate degree in early intervention and/or complete requirements for the Maine Teacher of Young Children with Disabilities Birth to School-Age Five endorsement. This additional funding will allow project personnel and CoEHD faculty to continue the efforts begun with the REIS/LID project to establish a permanent graduate specialization in early intervention at The University of Maine.

Challenges Addressed and Lessons Learned

Student Attrition

Thirty-one students were accepted to participate in the project when the first course began in May 1999. By the following spring semester, 18 students remained. These 18 students continued in the project until graduation in May 2001. As indicated above, 14 students received their M.Ed. degrees. Four additional students are currently continuing to work on completing requirements for graduation. The reasons for attrition were highly variable and included personal factors, such as family or personal illness, change in career goals, or moving out-of-state. However, the intense nature of the program of study and the consequent demands was a factor that influenced the ability to continue in the project for many of these students.

REIS/LID utilized a closed cohort model with an invariant sequence of non-repeated courses over a two-year period. Although funded for a three-year period, a significant start-up period was required since there was no program of studies in early intervention when the project commenced in July of 1998. This situation placed a high degree of pressure on students to complete the courses in the specified time frame and did not afford students the opportunity to take a leave and re-enter the program. It proved very difficult for students who were working full-time and caring for families to maintain the focus needed and was viewed as a disincentive for many professionals wishing to pursue graduate education in this field using this model.

Another potential factor contributing to attrition is that REIS/LID offered a single program option in which all students earned a master's degree comprised of core interdisciplinary content, coursework designed to meet requirements of the endorsement, and leadership content. While students received high-quality preparation, this "one size fits all" approach did not address the variety of personnel preparation needs facing our state. Students in the program had a wide range of backgrounds, professional roles, and career objectives and included agency administrators, early childhood teachers, nurses, social workers, and therapists. Although there was strong motivation among most students, it became apparent from feedback from a number of students that components of the program did not meet their needs.

Based on this experience with REIS/LID, TOP was designed to provide flexible options for students with diverse needs. Since TOP is funded for a five-year period, it will be possible to offer the various courses frequently and for each student to complete coursework at his or her own pace. Another modification is to the courses that will be offered. The REIS/LID program included two semesters (Fall 1999 and Spring 2001) in which students were enrolled in a total of 9 semester hours of coursework that focused on assessment and intervention methodology. This included a 6 credit course (Assessment, Intervention and Program Planning for Early Intervention I and II) and a 3 credit practicum each semester (Early Intervention Practicum I and II). The amount of content delivered in the 6-credit courses proved to be too intensive for many students. This content will now be taught in a block of four separate 3-credit courses that integrate theory and practice. Students will continue to complete a 3 or 6 credit practicum (depending on the student's needs) after they have completed the 12-credit block. Additional courses in areas such as leadership, play, and communication are also being developed or modified. This will allow for more individualization to meet the wide range of student needs.

Geography and Weather Conditions

While Maine is a state of great beauty and abundant natural resources, it is also a rural state with seriously limited fiscal resources. With an area of 33,215 square miles, Maine is geographically the largest state in New England, and greater in size than the five other New England states combined. Located in the most northeast corner of the country, Maine is the only state among the 48 contiguous states to be bordered by only one other state (New Hampshire). Maine also borders two Canadian Provinces (New Brunswick and Quebec) and the Atlantic Ocean. Nearly 70% of Maine's 1,227,928 people live in rural communities of less than 10,000. Maine has only one city with more than 50,000 people (Portland 65,000), and its capitol, Augusta, has only 8,000. Individuals in rural, remote, and sparsely populated areas, including Maine's unorganized territories and several islands, are often unserved and underserved. Students in the REIS/LID project largely reflected the geographic makeup of the state. They were spread from the northern reaches of the state at the Canadian border to the far southern region and a range of communities in-between. Thus, geography was a significant factor in the design of methods of course delivery. Prolonged and severe winter weather posed a further challenge to course delivery.

Several different approaches were utilized to address the geographic barriers and provide access to courses. These included an intensive one-week summer institute; a weekend college format; an e-mail system; Blackboard 5, a web-based course development tool; and video conferencing systems (compressed video and asynchronous transfer mode). Challenges in using the various approaches are discussed in the sections that follow.

Use of Alternate Scheduling Formats

Two alternate scheduling formats used in the REIS/LID project were an intensive one-week summer institute and the weekend college format. An intensive one-week summer institute was held in July 1999. In this format, all of the students meet in one place (typically, a university campus) from 8 AM to 5 PM for one week with follow-up assignments that are completed before the beginning of the fall semester. This format allows students to complete an entire course in a short period of time. Other advantages of the summer institute are opportunities to directly access university resources, to interact face to face with other students and the instructor, and to receive hands-on help with projects or using technology. The instructor also has the flexibility to plan field trips and to create study or work groups. The major disadvantage for students is the potentially overwhelming nature of this format in which vast amounts of information are condensed into each 8-hour session, followed up by readings and homework assignments at night. The format can also be challenging for instructors who must do extensive preparation ahead of time since there is no time for preparation during the week. The instructor must also plan many different learning approaches and activities to break up a long day of class. Despite the challenges we encountered in using this approach, our experience with the REIS/LID group was that the summer institute was instrumental in helping students to feel a part of a larger statewide group and in promoting relationships among group members.

The weekend college format was utilized throughout the project. Classes were scheduled on Friday from 4 to 8 PM and Saturday from 8 AM to 5 PM or just the Saturday time over five weekends spread across the semester. Both video conferencing and an in-person approach were used at various times, depending on the availability of technology. Disadvantages to this scheduling approach included having to give up some Saturdays; the impact of winter weather on travel, particularly when in-person classes necessitated traveling long distances; and the more intense nature of 8 or 12 hours of class time. However, many students find this schedule more convenient when their work and family commitments prevented attending classes during the week. This also limited the number of times that students who live at significant distances must travel. One step that we found helpful in preventing lost instructional time was to schedule at least one additional weekend that could be used as a make-up date for a missed class due to weather.

Technological Challenges

Two different video conferencing systems were used at different times over the course of the project, compressed video and asynchronous transfer mode (ATM). Compressed video is a system that allows a base site to transmit audio and video information to several sites at once, although only the base site and one other site can communicate with one another directly at a time. ATM is a video conferencing system that allows as many as four sites to be visible and to communicate simultaneously with each other.

The video conferencing systems increased access to courses for students in remote or distant areas, allowed for some flexibility in course schedules, and made it possible to show visual materials (e.g., pictures, handouts, Power Point presentations, internet sites, videotapes). However, these systems also posed several disadvantages such as poor quality reception at times, difficulty hearing comments made during class, and being unable to see everyone or all of the sites on the screen simultaneously (more a problem with compressed video than ATM). In addition, the instructors often found that when they placed visuals on the screen, students were likely to feel "out of touch" with the instructor and other students. Also, the small number of students at some sites sometimes made it difficult to utilize small group activities. Although travel distances were significantly reduced for most of the students, winter weather conditions were still a factor and resulted in the cancellation of some class sessions. Technological "glitches" were also a problem at times and resulted in lost instructional time while the instructor tried to "troubleshoot" the difficulty and/or obtain assistance from a technician at another location.

Despite some of the difficulties encountered in utilizing video conferencing systems, these systems offered a significant advantage in providing coursework to students in widely dispersed locations. Unfortunately, both the compressed video and ATM systems became unavailable at several points during this project, making it necessary to utilize alternate means of course delivery, such as in-person class sessions. The ATM system was utilized during the Fall 1999 and Spring 2000 semesters. This system had just been installed and REIS/LID was participating in a field test of the system. A number of technological problems and limitations were identified during this field test and the system was withdrawn during the Spring 2000 semester so that it could be retooled for future use. ATM was not available for use during the remaining semesters.

Compressed video was an alternative system and was used to deliver the first course in the program during the May 1999 term (SEI 501) and for a course taught in Fall 2000 (SEI 509). However, the compressed video system had very few available time slots because commitments for other courses and academic programs had been made well in advance of the initiation of the REIS/LID project. Thus this system was not always available as a back-up to ATM. The only other available video conferencing system in the state was Interactive Television (ITV). Unfortunately, this system is primarily limited to a one-way exchange of information (from instructor to student) and only allows for limited communication between student and instructor (via a microphone that students must step up to, to speak) and no opportunities for communication between students at different remote locations. We concluded that this system was inappropriate for use in seminar style graduate courses. With the lack of availability of a video conferencing system, an in-person alternative was used. The five in-person Saturday classes were taught alternately in Augusta (in the south central area of the state) and in Orono. Thus, students attended in Orono for two or three of the Saturdays and in Augusta for the other two or three Saturdays. This format had the advantage of bringing everyone together, but had numerous disadvantages previously described. An on-line course on research was also provided in the spring 2001 semester, the final semester of the project.

A final challenge in utilizing technology was the varied levels of technological sophistication of the students. As described previously, both e-mail and web-based systems were utilized and students were also expected to develop competency in using the internet. Most of the students in the group had limited prior experience with computers. This proved daunting to a number of students and often greatly increased their frustration levels. The fact that many of the students lived at a distance from The University of Maine, posed a further barrier to providing technical assistance to them. Several different approaches were used to address this challenge. One of the project faculty provided on-site consultation to students who had the greatest difficulty. Students were also referred to resources at The University of Maine that provide both on-line and telephone assistance to students experiencing difficulty with the FirstClass system. At the beginning of the Spring 2001 semester, to assist students with the on-line features to be used in the research course, a hands-on practice session was held in an on-campus computer lab. This hands-on approach has been incorporated into the TOP program. A hands-on practice session will be scheduled at the beginning of every semester to familiarize students with using the e-mail system, the internet, the various university library on-line features, and downloading course readings on electronic reserve. Students who attended the practice session during the semester when they initially entered the program, may attend sessions during subsequent semesters to help them troubleshoot any difficulties and to gain further comfort with the technology.

Summary

The REIS/LID project resulted in benefits to the students who participated, The University of Maine, the early intervention system, young children with low incidence and other disabilities and their families throughout Maine, and to the field of early intervention personnel preparation. Maine students gained access for the first time to graduate coursework in early intervention. The project laid the groundwork for a permanent specialization in early intervention within The University of Maine College of Education and Human Development. The early intervention service system gained well-trained leaders who can help promote best practices and systems change in the state. The Forum on Professional Development held in the final year of the project also provided a foundation for potential improvements in the inservice, as well as preservice, early intervention personnel preparation system in Maine. Young children with low incidence and other disabilities and their families have also benefited from the project due to the increased knowledge and skill of the early intervention professionals who have participated in the project. REIS/LID also offered the project personnel an opportunity to learn from the many challenges encountered in implementation of the project and to share this learning through national dissemination at professional meetings and conferences. The lessons learned have resulted in refinements that are incorporated into the TOP project and will provide a solid foundation for future program development in Maine and nationally.

III. Final Project Status

Goal 1.0: Complete Program Development and Staff and Student Recruitment for Interdisciplinary Graduate Program for Rural Early Intervention Specialists for Low Incidence Disabilities.

1.1 Convene Program Planning Committee to design and oversee the planning process for interdisciplinary graduate program options for Rural Early Intervention Specialists for Low Incidence Disabilities.

Objective Met. *Members of the Interdisciplinary Faculty Advisory Committee, the Center for Community Inclusion's Interdisciplinary Curriculum Committee, and faculty of the College of Education and Human Development reviewed program courses and competencies and made recommendations for modifications and additions to competencies and course content. The Interdisciplinary Curriculum Committee and College of Education and Human Development graduate faculty provided course review and approval. Following University policy, all graduate courses were approved by the University of Maine Graduate Board.*

1.2 Hire Field Supervisor and Project Administrative Assistant with particular attention to recruiting individuals with disabilities, family members of individuals with disabilities, and applicants from cultural minorities.

Objective Met. *Carol Edgecomb and Susan Russell provided project administrative support and fiscal management. The field supervisor position was changed to a project faculty position and involved expanded responsibilities, including participation in program development; teaching; advising graduate students; assisting in project coordination, evaluation, and dissemination activities; as well as practica supervision. Dr. Sharon Gilbert assumed this position in June, 1999 and remained with the project through completion.*

1.3 Review and make final determination of program competencies.

Objective Met. *Program competencies were reviewed and finalized in July, 1999.*

1.4 Develop syllabi for all new courses.

Objective Met. *Syllabi were developed for all new courses (SEI 501, SEI 502, SEI 503, SEI 504, SEI 505, SEI 506, SEI 507, SEI 508, SEI 509, and SEI 510).*

1.5 Complete course approval process for all new courses.

Objective Met. *Course approval was received for all new courses within the College of Education and Human Development's program in Special Education. These courses are now regular offerings of the College of Education and Human Development.*

1.6 Develop student recruitment materials with particular attention to recruiting students with disabilities, family members of individuals with disabilities, and those from cultural minorities.

Objective Met. *Recruitment materials were developed and disseminated widely throughout Maine. A total of 31 students were recruited and admitted to this graduate program. Of these students, one identified herself as having a disability and four identified themselves as family members of individuals with disabilities. No student self-identified as a member of a cultural minority.*

1.7 **Recruit and admit 30 students, 15 students each for the Northern and Southern Cohorts.**

Objective Met. *This objective was revised, as per the contract negotiations. The revised objective was to recruit 30, rather than 40 students, with 15, rather than 20 students in the two cohorts. A total of 31 students were recruited and enrolled in the program, with 16 students in the Northern Cohort and 15 students in the Southern Cohort.*

1.8 **Receive signed student assurances/letters of commitment stating that the student will provide special education or related services to children with disabilities for a two year period for each year for which financial assistance is received through this project, in accordance with finalized federal regulations.**

Objective Met. *A letter of commitment was received from all students who were offered admission.*

1.9 **Design and implement program evaluation strategies for Goal 1.**

Objective Met. *Sources for formative evaluation included the plan for student recruitment and recruitment materials, program competencies,* *and course syllabi, and documents submitted to the Graduate Advisory Committee of the University of Maine College of Education and Human Development for course/program approval. This process resulted in modifications of course syllabi and addition and modifications of competencies. Documentation for summative evaluation included completed applications for admission to the program, letters of acceptance into the program, letters of appointment, the competency rating form, and receipt of formal approval from the Graduate Advisory Committee for the courses/program. Thirty-three students were accepted for admission into the program and 31 students enrolled. Program competencies were finalized, an additional faculty member was hired for the program, and 10 new courses were developed and approved.*

Goal 2.0: Implement a High Quality, Culturally Relevant, Family Focused, Inclusive, Interdisciplinary Graduate Program for Rural Early Intervention Specialists for Low Incidence Disabilities, for two Cohorts with a total of 30 Early Childhood Practitioners from Maine.

2.1 Provide instructional technology competencies and student orientation to the 30 students through DIS 400 Introduction to Interdisciplinary Disabilities Studies through a combination of on campus and computer delivery methods.

Objective Met. *An orientation to the REIS/LID program was held on April 17, 1999. An overview of the program and expectations for students was provided. Thirty-one students were introduced to using e-mail and the REIS/LID conference folder and accessing the internet from their home computers. They were also provided an orientation to the information resources of the University of Maine System Libraries. Throughout the project period, project faculty continued to provide additional resources and individual assistance to help students develop instructional technology competencies and to use the technology to their maximum benefit.*

SEI 501Typical and Atypical Development in Infancy and Early Childhood was substituted for DIS 400 Introduction to Interdisciplinary Disability Studies. SEI 501 was taught in the May term (May 8 to June 26, 1999).

2.2 Provide pre-practicum experiences and baseline competency review for all entering students.

Objective Met. *The baseline competency review was completed in August, 1999. The data were used to identify practica competencies for each student and to assess overall student competency throughout the project.*

2.3 Conduct Intensive Summer Institute: Foundations for Rural Early Intervention for Low Incidence Disabilities for the 30 cohort students.

Objective Met. *The Intensive Summer Institute course, SEI 502, Foundations of Early Intervention, was taught July 26-30, 1999. A total of 27 students successfully completed the course. Students unable to attend this course were provided an individually designed option.*

2.4 **Identify high quality practicum placements for all cohort students, either in their current position or in an alternative site.**

Objective Met. *All sites were visited and approved prior to practicum placement. All students in the program completed practica in their current positions and/or in approved alternate sites.*

2.5 **Design and support an on-line Maine Rural Early Intervention World Wide Web site to encourage professional support and networking of cohort students and other interested parties.**

Objective Met. *On-line components of the project included the REIS/LID program folder within the statewide University of Maine's First Class system. This system was used to communicate course and program information and announcements and for discussion of early intervention issues. A web site was developed in year two that allowed for threaded discussion. Project faculty also established a Maine State Chapter of the Council for Exceptional Children's Division of Early Childhood (DEC). Many of the graduate students became active members of this chapter. Project faculty also established and maintained a DEC listserv to encourage professional support and dialogue in early intervention.*

2.6 Offer and deliver six credit weekend courses on inclusive, culturally relevant, family-focused, interdisciplinary Early Assessment, Intervention, and Program Development for Low Incidence Disabilities (Parts I and II) in Fall, 1999 and Spring, 2000 at Northern and Southern Cohort sites.

Objective Met. *SEI 503, Assessment, Intervention, and Program Planning for Early Intervention I was taught in the Fall, 1999 semester. SEI 504, Assessment, Intervention, and Program Planning for Early Intervention II were offered in Spring, 2000.*

2.7 Provide biweekly on-site and ongoing, on-line practicum supervision to each REIS/LID student throughout Fall and Spring semesters.

Objective Met. *Students completed SEI 505, Early Intervention Practicum I in the Fall 1999 and SEI 506, Early Intervention Practicum I in Spring 200l. Dr. Doctoroff and Dr. Gilbert provided on-site supervision to students at their practicum sites throughout the Fall and Spring semesters. The faculty also maintained regular contact with each student via e-mail.*

2.8 Conduct Intensive Summer Institute: Professional Development for Rural Early Intervention Specialists for Low Incidence Disabilities.

Objective Modified and Met. *The 2000 Summer Institute was cancelled to accommodate student needs for time to complete prior course assignments and practica competencies. Instead, the course, SEI 507, Fostering Partnerships in Early Intervention was designed to include* *professional development competencies and was offered in the Fall of 2000.*

2.9 **Advise students in the identification, design, and development of their Graduate Projects in Early Intervention for Low Incidence Disabilities.**

Objective Met. *Examples of potential Graduate Projects were discussed in all courses. An introduction to action research was provided as part of SEI 504 and 17 students completed a specially designed web-based section of DIS 650 Research in Disability Studies.*

2.10 **Deliver courses on Administration, Supervision, and Policy and Action Research, Reflective Practice, and Program Evaluation to REIS/LID students.**

Objective Met. *In addition to the research course noted above, the course SEI 509 Administration, Supervision, and Public Policy in Early Intervention was offered in Fall, 2000.*

2.11 **Provide ongoing, on-site and on-line Graduate Project support and supervision to each student.**

Objective Met. Eighteen *students enrolled in SEI 510, Graduate Project in Early Intervention in the Spring, 2001 semester. Students met with project faculty at least twice to develop their projects. On-going support was provided throughout the semester through individual meetings with faculty, email, and a First Class conference folder for peer support and discussion.*

2.12 Conduct student presentations and faculty review of Graduate Projects.

Objective Met. *Students participated in sharing of projects in a group session, and faculty conducted individual reviews of each student's project.*

2.13 Graduate 30 students from the program.

Objective Partially Met. *The number of students targeted in the original proposal was reduced to 30, as per contract negotiations. Thirty-three students were admitted into the master's degree program. Thirty-one students enrolled in the program. This program involved a closed cohort of students. Due to attrition, a total of 18 students enrolled in all courses and in May, 2001, fourteen successfully completed all requirements for the master's degree program and graduated. Four students are presently completing incomplete courses and are expected to graduate over the coming year. Student attrition was due to a variety of personal factors, such as family or personal illness, change in career goals, or moving out-of-state. An analysis of the outcomes of this project provided information essential for redesigning graduate study in early intervention in Maine and was reflected in the recently approved OSEP Personnel Preparation Proposal that will be in place for the coming five year period.*

2.14 Evaluate the REIS/LID educational program.

Objective Met. *Course evaluations were conducted for all courses to date. Other evaluation activities are discussed in the Project Overview section of this report.*

2.15 Disseminate evaluation and program model through journal articles and national conference presentations.

Objective Met. *The project was presented at both the 1999 OSEP Personnel Preparation Projects Meeting and the 2000 OSEP/NECTAS National Meeting. Two presentations were made at the Council for Exceptional Children's Teacher Education Division (TED) conference in November, 2000 and one proposal has been accepted for the 2001 TED national conference in November, 2001. Four additional presentations related to this project will be made at the DEC international conference in December, 2001. A poster presentation highlighting all early childhood projects at the Center for Community Inclusion, UCE, will be made at the annual meeting of the American Association of University Affiliated Programs in November, 2001.*

2.16 Disseminate reports of project progress and outcomes in state, regional, and national conference presentations.

Objective Met. *See 2.15.*

Goal 3.0 Provide to 50 Undergraduate and Graduate Students in Related Services and Early Childhood Development/Special Education Personnel Preparation Programs, Courses Which Address the Needs of Infants and

Young Children with Low Incidence Disabilities and Their Families in Rural Areas.

3.1 Provide access to DIS 400 Introduction to Interdisciplinary Disability Studies to students in Maine and New Hampshire via computer or Interactive Television.

Objective Met. *This objective was modified to focus on Maine in contract negotiations due to funding limitations. This course is regularly offered by the Center for Community Inclusion to about 25 students each Fall and Spring semester. An alternative course, DIS 490 was offered web-based to over 20 students throughout Maine.*

3.2 Offer the Intensive Summer Institute Foundations of Early Intervention to non-cohort students.

Objective Met. *This objective was met in Summer 1998. Twenty non-cohort students successfully completed the Summer Institute Foundations of Early Intervention. In addition, SEI 501Typical and Atypical Development in Infancy and Early Childhood was successfully completed by six non-cohort students in Spring, 2001.*

3.3 Develop and support a Rural Early Intervention World Wide Web site for practitioners, families, faculty, and students in Northern New England.

This objective was deleted, as per contract negotiations. However, as noted elsewhere in this report, project faculty developed a listserv and www resources to support the Maine Chapter of DEC.

3.4 Develop materials and sponsor, for 50 faculty from the existing related services and early childhood personnel preparation programs in Maine, New Hampshire, and Vermont, Part C Directors, and State Directors of Special Services, a two-day Faculty Development Institute on infusing curriculum content related to Early Intervention for Infants and Young Children with Low Incidence Disabilities and their Families in Rural Areas into relevant undergraduate and graduate courses and other CSPD initiatives.

Objective Met as Modified. *The original project objective was to hold an institute for faculty from the existing related services and early childhood personnel preparation programs in Maine, New Hampshire, and Vermont, Part C Directors, and State Directors of Special Services in the final year of the project. Over the course of the project, project faculty became increasingly aware of the limited opportunities for professional development across the inservice, as well as preservice, sectors in Maine and the many challenges in building a statewide infrastructure to support these efforts. As a result, this objective was modified to focus the forum on the needs of Maine and to expand the concept of the faculty institute to encompass various types of early intervention and early childhood programs and agencies (e.g., Part C agencies, Head Start, child care),* *parent groups, professional organizations, advocacy groups, state agencies, colleges, and universities. The intent of the forum was to bring people and organizations together to explore current programs, resources, and initiatives throughout Maine preparing both in-service and pre-service personnel to serve children ages birth to age 5 with disabilities, including low incidence disabilities.*

The forum was held on June 19th, 2001 at The University of Maine campus. Approximately 50 individuals received invitations and 30 people representing a broad array of agencies and organizations attended. The agenda included several activities including: panel presentations on current initiatives and resources in the state; a presentation on best practices and current trends in personnel preparation; and, opportunities to participate in small and large group discussions regarding the challenges, needs, and opportunities of providing access to state of the art early intervention personnel preparation throughout Maine. The forum was well received by the participants, many of whom expressed the opinion that the opportunity to learn about resources for professional development in the state, to network with other professionals, and to discuss the resources, strengths, opportunities, and gaps in the state met an important need. Participants also indicated that they were extremely interested in continuing the process through future meetings that build on the foundation laid with this event.

3.5 Evaluate the outcomes of activities related to assuring early intervention and related services students in Maine access to coursework that includes early intervention for infants and young children with low incidence disabilities and their families from rural areas.

Objective met. *Project faculty collaborated with the Maine Part C Coordinator to collect data related to both need for, and access to, early intervention coursework in Maine. These data informed the development of the University of Maine's recently approved OSERS Personnel Preparation in Early Intervention proposal and which will continue for the next five years.*

3.6 **Disseminate Faculty Institute materials for Interdisciplinary Early Intervention for Infants and Young Children with Low Incidence Disabilities and their Families in Rural Areas.**

Objective Met. *All forum participants have received a summary of findings of the meeting.*

3.7 Evaluate all implementation objectives and activities.

Objective Met. *This final report provides a summary of evaluation findings. Additional supporting documentation is provided in the accompanying materials.*

Goal 4.0: Institutionalization of the Interdisciplinary Rural Early Intervention Specialists for Low Incidence Disabilities Graduate Program to Assure Continuation of Project Activities Beyond the Project Period.

4.1 Develop and submit all project courses for approval and formal adoption by the University of Maine.

Objective Met. *A new course designator (SEI) was adopted and course approval was received for all new early intervention courses within the College of Education and Human Development's program in Special Education. All courses were also approved by the University of Maine Graduate Board per university policy.*

4.2 Assist students from New Hampshire to receive approval for in state student tuition through the New England Higher Education Compact.

This objective was deleted, as per the contract negotiations.

4.3 Collaborate with the New Hampshire Department of Education to assure that courses in this program meet relevant New Hampshire certification standards. (No early intervention certification presently exists in New Hampshire).

This objective was deleted, as per the contract negotiations.

4.4 Conduct needs assessments in collaboration with the Maine Department of Education and Part C Programs to document continuing needs for personnel preparation in this area.

Objective Met. *This objective was modified to reflect a focus on the State of Maine. During the project period, the Maine Department of Education finalized a new endorsement for early intervention personnel, Teacher of Young Children with Disabilities Birth to Five. The Maine Department of Education will continue to collect and share data on the number of persons in the early intervention system who will require additional coursework to meet the requirements. Dr. Doctoroff, as a member of the state CSPD committee has collaborated with the Department of Education in conducting needs assessments of early intervention personnel.*

4.5 Convene a meeting of representatives from the New Hampshire State Department of Education and Institutions of Higher Education in New Hampshire to develop a long range plan to meet continuing needs for early intervention personnel preparation in New Hampshire.

This objective was deleted, as per contract negotiations.

4.6 Collaborate with the Maine Department of Education and the University of Maine to secure future state and/or University funding for the program to ensure a continued flow of well qualified graduates to meet the state's needs.

Objective Initiated and On-going. *This objective was modified to reflect a focus on the State of Maine. Collaboration with the Maine Department of Education and the University of Maine on future funding is ongoing. Dr. Doctoroff, as a member of the CSPD committee continues to* *be involved in discussions related to funding for training in early intervention. A task force was appointed by the University of Maine College of Education and Human Development to make recommendations on program development in the areas of early childhood education and early intervention within the college. Dr. Zeph and Dr. Doctoroff are working collaboratively with the task force. Although this objective has not been fully met, this project has served as a catalyst to initiate serious dialogue in this important area. It is anticipated that this objective will be achieved over the next five years.*

4.7 Initiate and follow through a formal program plan for the REIS/LID Program to the University of Maine for approval.

Objective On-going. *The process of institutionalizing the graduate study in early intervention has begun and will continue over the next five years.*

4.8 Develop formal cooperative agreements with private colleges and universities in Maine and New Hampshire related to cross-registration of students, to assure student access to specialized courses in interdisciplinary early intervention for students in related services and child development personnel preparation programs.

This objective was deleted, as part of the contract negotiations.

4.9 Evaluate all institutionalization activities.

This report summarizes institutionalization activities to date. Supporting documentation is provided in the enclosed materials.

Course Sequence and Descriptions

BEST COPY AVAILABLE

REIS/LID
Revised Course Sequence

Semester	Course Title	Credits
Spring 1999	Pre-Practicum	No credit (for the purpose of gathering student competency data)
May Term 1999	SEI 501 Typical and Atypical Development in Infancy and Early Childhood	3 credits
Summer 1999	SEI 502 Foundations of Early Intervention	3 credits
Fall 1999	SEI 503 Assessment, Intervention, and Program Development for Early Intervention I	6 credits
	SEI 505 Early Intervention Practicum I	3 credits
Spring 2000	SEI 504 Assessment, Intervention, and Program Development for Early Intervention II	6 credits
	SEI 506 Early Intervention Practicum II	3 credits
Summer 2000	No courses taught	No credit
Fall 2000	SEI 507 Fostering Partnerships in Early Intervention	3 credits
	SEI 509 Administration, Supervision, and Public Policy in Early Intervention	3 credits
Spring 2001	DIS 650 Research in Disability Studies	3 credits
	DIS 680 Independent Study in Disability Studies (Graduate Project in Early Intervention)	3 credits
	Total	**36 Credits**

REIS/LID
Course Descriptions

SEI 501, Typical and Atypical Development in Infancy and Early Childhood, 3 credit hours.

Examines theories and processes of development and learning from pre-birth through age 5 and the impact of at-risk and disabling conditions on the development of infants and young children. A multicultural perspective and an integrative view of early development are emphasized.

SEI 502, Foundations of Early Intervention, 3 credit hours.

Provides an introduction to early intervention for young children with disabilities birth through five years of age. History and rationale, legal foundations, early intervention and special education legislation, philosophical and theoretical perspectives, service delivery models, family-professional partnerships, assessment practices, and curriculum development are addressed from an inclusive, culturally competent, family-centered perspective.

SEI 503, Assessment, Intervention, and Program Planning for Early Intervention I, 6 credit hours.

Examines child find and screening, eligibility and programmatic assessment, collaborating with families in the IFSP process, designing developmentally appropriate learning programs, and principles and strategies of intervention from an inclusive, culturally competent, family-centered perspective. Emphasis on meeting specific needs of preterm and low birthweight infants; infants and young children who are at risk; and infants and young children with low incidence disabilities (i.e., medically fragile/complex conditions, multiple/severe disabilities, hearing loss, visual impairment). **Students are concurrently enrolled in Early Intervention Practicum I.**

SEI 504, Assessment, Intervention, and Program Planning for Early Intervention II, 6 credit hours.

Focuses on nontraditional/authentic assessment, design and evaluation of environments, curriculum development and planning, and instructional methods for inclusive early care and education programs. Emphasizes the central and integrative role of play in the early childhood curriculum and inclusive and developmentally appropriate practices. Major areas of early childhood curricula are studied, including communication and language, cognition and problem solving, mathematical concepts, emergent literacy, social-emotional development and behavioral guidance strategies, gross and fine motor development, adaptive development, and creative expression. Examines modifications or adaptations of curricular goals and objectives, instructional strategies, materials, and activities to promote active learning and full participation by children with disabilities. **Students are concurrently enrolled in Early Intervention Practicum II.**

SEI 505, Early Intervention Practicum I, 3 credit hours.

Planning, implementing, and evaluating intervention for infants and young children with disabilities and their families. Students are expected to participate as a member of an early intervention team in a program or agency that provides services to children ages birth to school-age 5 and their families.

SEI 506, Early Intervention Practicum II, 3 credit hours.

Planning, implementing, and evaluating developmentally appropriate curricula and interventions in inclusive early care and education programs, including modifying or adapting curricular goals and objectives, instructional strategies, materials, and/or activities to promote active learning and full participation by infants and young children with disabilities. Students are expected to participate as a member of an early intervention team in a program or agency that provides services to children ages birth to school-age 5 and their families.

SEI 507, Fostering Partnerships in Early Intervention, 3 credit hours.

Develops knowledge, values, and skills for building partnerships with families, collaborative teaming, consultative roles, service coordination, advocacy, and professional ethics in early intervention. Emphasizes understanding of ecological systems, principles of family-centered care, and development of cultural competence.

***SEI 508, Methods of Inquiry in Early Intervention, 3 credit hours.**

Introduces students to research approaches and designs used in the field of early intervention, qualitative and quantitative data collection, and data analysis. Evaluation research and action research are also considered.

SEI 509, Administration, Supervision, and Policy in Early Intervention, 3 credit hours.

Examines state and federal policies concerning early intervention, public policy analysis, management of early intervention program components, standards and accreditation for early childhood programs, staffing and staff development, models of supervision, and program evaluation.

****SEI 510, Graduate Project in Early Intervention, 3 credit hours.**

Students identify a significant problem or issue in the field of early intervention and use a collaborative approach to inquiry to address the issue. The project requires the student to demonstrate competencies in action research, reflective practice, collaboration, leadership, and systems change at the micro or macro level.

*Taught as DIS 650, Research in Disability Studies
** Taught as DIS 680, Independent Study in Early Intervention

Course Syllabi

SYLLABUS
SEI 501
Typical And Atypical Development In Infancy and Early Childhood

Instructor: Sandy Doctoroff, Ph.D. **Phone:** 207-581-1437
E-Mail: sandra.doctoroff@umit.maine.edu
Address: Center for Community Inclusion, 5717 Corbett Hall,
University of Maine, Orono, ME 04469-5717

CATALOG DESCRIPTION

Examines theories and processes of development from pre-birth through age 5 and the impact of at-risk and disabling conditions on development.

COURSE DESCRIPTION

This course focuses on theories and processes of development from pre-birth through age 5 and the impact of at-risk and disabling conditions on the development of infants and young children. A multicultural perspective and an integrative view of early development are emphasized.

Prerequisite: Introductory course in child development or human development

TEXTBOOKS AND READINGS

1. Required Textbooks:

Howard, V. F., Williams, B. F., Port, P. D., & Lepper, C. (1997). Very young children with special needs: A formative approach for the 21st century. Upper Saddle River, NJ: Merrill.

Mercer, J. (1998). Infant development: A multidisciplinary introduction. Pacific Grove, CA: Brooks/Cole Publishing Co.

Trawick-Smith, J. (1997). Early childhood development: A multicultural perspective. Upper Saddle River, NJ: Merrill.

2. Additional required readings are listed on the course schedule and in the readings list.

COURSE OBJECTIVES

As a result of active participation and successful completion of course requirements, the student will be able to:

1. Describe formal and informal approaches to child study and carry out systematic observations of infants and young children.

2. Describe, compare, and contrast the various types of child development research studies.

3. Outline, compare, and contrast theories of child development.

4. Identify and discuss factors during the prenatal, perinatal, and postnatal periods which can contribute to risk for developmental problems and disorders or enhancement of development.

5. Discuss the physical characteristics, behavior, and competencies of newborn infants.

6. Discuss typical and atypical physical growth patterns in infants and young children and factors which affect physical growth.

7. Discuss nutrition and health concerns in infancy and early childhood, including special issues for infants and young children with disabilities and chronic health problems.

8. Describe the structures and functions of the brain and changes in the developing brain over the first two years of life, and discuss possible causes of neurological damage in infants and young children.

9. Outline and discuss the physical and motor, communication and language, cognitive, and social and emotional development of infants and toddlers.

10. Outline and discuss the physical and motor, communication and language, cognitive, and social and emotional development of children during the preschool years.

11. Discuss and analyze the impact of disabilities, developmental delays, illnesses, biological risk factors, and environmental risk factors on the physical and motor, communication and language, cognitive, and social and emotional development of infants and young children.

12. Discuss and analyze influences of family, community, and culture on early childhood development.

TEACHING METHODS

Group discussion, small group activities, case studies, and videotapes, as well as lecture will be employed in this class. Assignments will be designed to provide direct experiences with course content and extend learning.

COMMUNICATION WITH THE INSTRUCTOR

Office hours through telephone conferencing will be posted on the First Class conference folder for the course and announced during classes. Students will also be encouraged to contact the instructor on E-mail with questions about course readings and/or assignments

COURSE REQUIREMENTS

Attendance and Participation

Regular class attendance and active participation in class discussion and activities is expected of all students.

Course Readings

Students are expected to have read the assigned readings and to be prepared to discuss them in class. The assigned readings for each session are listed on the tentative course schedule. Some course readings will come from books, other than the textbook and from professional journals. Additional readings may be assigned by the instructor on an as-needed basis.

Quizzes

One component of student evaluation in this course will be frequent short quizzes which students can take on their own by accessing the First Class conference folder. **Six** quizzes will be scheduled over the 8-week session. Quizzes will be comprised of short written responses and essay questions.

Observations of Infants and Young Children

Students are expected to spend a minimum of **15 hours** over the course of the 8-week session carrying out in-depth observations of **three children**. The dates, times, and locations of observation sessions for each child should be documented. The children selected for observation should be diverse in chronological age and developmental level. One child should be in the newborn to 12 month age range, one in the 12 month to 36 month age range, and one child in the 3-year-old to 5-year-old age range. One of the three children should have a low-incidence disability (e.g., visual impairment, hearing impairment, autism, multiple disabilities), one should be at-risk (environmental and/or biological risk factors), and one of the three children should be typically developing.

Children can be observed in a variety of settings, including (but not limited to) classrooms, child care settings (e.g., family day care, babysitter, center-based program), play groups, homes, and respite care programs. It is **highly recommended** that, if the child regularly spends time in more than one setting, you observe the child in at least two of the settings. It is **also important** to observe the child during more than one type of activity (e.g., indoor play, outdoor play, group time, snack, feeding, parent-infant play, diapering).

Running records and anecdotal notations are to be used to record the observations. Observation methods and procedures will be discussed in class. Students will be asked to turn in observation records to the instructor for feedback. As appropriate, you may also collect other types of materials, such as a child's drawings or other artwork, writing samples, photos of block constructions or projects to document child learning and development. You should also utilize background and developmental information from discussions or interviews with the child's parent(s), teacher(s), and/or other caregivers and professionals.

Child Study Projects

Prepare **3** papers relating your observations and conversations with caregivers to content discussed in class, course readings, and **other professional literature, including journal articles and scholarly books** (at least **4 outside sources).** Include citations to course readings and other professional literature and a reference list in your paper using APA format. Each of the three papers will focus on specific aspects of early childhood development corresponding to topics which have been examined in class. However, it is also important to incorporate an integrative perspective by interrelating these topics with other aspects of early development (for example, if discussing nutritional concerns for one of the children you are observing, discuss the potential implications for cognitive and motor development). Include documentation of methods used to obtain information, such as observation records, checklists, and permanent products (e.g., children's drawings, photographs). Following are the topics to be considered in each paper:

Paper #1: Theories of child development; genetics; prenatal development; birth and the neonatal period; physical growth, nutrition, and health concerns; brain development; sensory processes

Paper #2: Communication and language development, motor development

Paper #3: Cognitive development, social and emotional development, socialization and parenting, and infant mental health

I will provide more detailed information on this assignment in a separate handout.

Participation in On-Line Discussion

Each week a "Question of the Week" will be posted on the First Class conference folder for the course. These questions, which will be relevant to the course content, will pose a problem or a controversy. They will be designed to encourage dialogue between students and between students and the course instructor. Students may contribute as frequently as they wish to the discussion. However, all students will be expected to contribute at least two times over the 8-week session. Students who do not post at all will lose 10 points from their cumulative point total. Students who post only one time will lose 5 points. Students who post 2 times will receive 5 bonus points. Students who post 4 times will receive 10 bonus points. Posting 6 or more times earns 15 bonus points.

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this course are designed to help you meet program competency requirements and to provide documentation of your acheivement of those competencies. The Student Competency Guide lists competencies emphasized in this course and course projects and assignments which can be used to document those competencies in your program portfolio.

EVALUATION OF LEARNING

Point Values

Assignment	*Possible Points*
Child Study Project, Paper #1	50
Child Study Project, Paper #2	50
Child Study Project, Paper #3	50
6 Quizzes @ 25 points each	150
Class Participation	20
Total Points	**320**
Participation in On-Line Discussion	Up to 15 bonus points

Grading Scale

A = 320 to 288 points
B = 287 to 256 points
C = 255 to 224 points
D = 223 to 192 points
E = below 192 points

TOPICAL UNITS AND READING ASSIGNMENTS

Session	Topic	Reading Assignment
♣5/8	**Introduction to the Study of Early Childhood Development;** **Theories of Child Development;** **Research on Early Child Development**	Mercer, 1, 2 Trawick-Smith, 1, 2, 3 Benjamin
♦5/15	**Genetics;** **Prenatal Development** **Childbirth and the Newborn** **Environmental Risk Factors** **GUEST LECTURER (Mindy Rice, Genetics Counselor)** *TAKE QUIZ #1*	Mercer, 3, 4, 5 Howard, 4, 6 Garbarino Goldson
♦5/22	**Physical Growth, Nutrition, and Health;** **Early Brain Development;** **Development of Sensory Processes** **GUEST LECTURER (Nutritionist)** *TAKE QUIZ #2*	Mercer, 6, 7, 8
♣6/5	**Infant Communication and Language Development** **Communication and Language Development in the Preschool Years** **GUEST LECTURER (Barbara Mintz, Speech- Language Pathologist)** *TAKE QUIZ #3*	Mercer, 11 Trawick-Smith, 8, 12
♦6/12	**Motor Development: Birth to 5;** **Infant Cognitive Development;** **GUEST LECTURER (Physical Therapist)** *PAPER #1 DUE* *TAKE QUIZ #4*	Mercer, 9, 10 Trawick-Smith 6, 7 Anzalone Brinker & Lewis

◆6/19	**Cognitive Development in the Preschool Years** **Infant Social and Emotional Development;** **Socialization and Parenting;** ***TAKE QUIZ #5*** ***PAPER #2 DUE***	Trawick-Smith, 9, 11 Mercer, 12, 13 DesRosiers & Busch-Rossnagel Goldberg Hauser-Cram
◆6/26	**Infant Mental Health** **Preschool Social and Emotional Development** **Course Review and Evaluation** **GUEST LECTURER: Mark Rains** ***QUIZ #6***	Mercer, 14 Trawick-Smith, 13 Letourneau Tynan & Nearing ***TAKE***
7/6	***PAPER #3 DUE*** **(No Class Meeting)**	

♣ Class meets at University of Maine, Orono, Doris Twitchell Allen Village (DTAV) Community Room, from 10:00 AM to 4:00 PM.

◆ Compressed video system in use. Attend class at your assigned location (Presque Isle, Augusta, Portland/USM, Farmington, Orono). Class meets from 9:30 AM to 4:30 PM.

READINGS LIST

Anzalone, M. E. (1993). Sensory contributions to action: A sensory integrative approach. Zero to Three, 14(2), 17-20.

Benjamin, A. C. (1994). Observations in early childhood classrooms: Advice from the field. Young Children, 49(6), 14-20.

Brinker, R. P., & Lewis, M. (1982). Discovering the competent handicapped infant: A process approach to assessment and intervention. Topics in Early Childhood Special Education, 2(2), 1-16.

DesRosiers, F. S., & Busch-Rossnagel, N. (1997) Self-concept in toddlers. Infants and Young Children, 10(1), 15-26.

Garbarino, J. (1990). The human ecology of early risk. In S. J. Meisels & J. P. Shonkoff (Eds.), Handbook of early childhood intervention (pp. 119-149). New York: Cambridge University Press.

Goldberg, S., (1990). Attachment in infants at risk: Theory, research, and practice. Infants and Young Children, 2(4), 11-20.

Goldson, E. (1992). The neonatal intensive care unit: Premature infants and parents. Infants and Young Children, 4(3), 31-42.

Hauser-Cram, P. (1998). I think I can, I think I can: Understanding and encouraging mastery motivation in young children. Young Children, 53(4), 67-71.

Letourneau, N. (1997). Fostering resiliency in infants and young children through parent-infant interactions. Infants and Young Children, 9(3), 36-45.

Tynan, W. D., & Nearing, J. (1994). The diagnosis of attention deficit hyperactivity disorder in young children. Infants and Young Children, 6(4), 13-20

SYLLABUS
SEI 502
Foundations of Early Intervention

Summer,1999

CATALOG DESCRIPTION

Introduces early intervention for young children with disabilities, birth through five years of age, including history and rationale, legal foundations, theoretical perspectives, service delivery models, family-professional partnerships, assessment practices, and curriculum development.

COURSE DESCRIPTION

This course provides an introduction to early intervention for infants and young children and their families through a broad range of experiences, including guest lectures and panel discussions; class discussions and activities; professional readings; videos; and independent student activities. History and rationale, legal foundations, philosophical and theoretical perspectives, service delivery models, family-professional partnerships, assessment practices, and curriculum development are addressed from an inclusive, culturally competent, family-centered perspective.

COURSE

Credit: 3 semester credits
Prerequisites: Enrollment in the grant Rural Early Intervention Specialists for Low Incidence Disabilities
Meeting Place: Woolley Room of the Doris Twitchell Allen Village Community Center
Meeting Time: July 26–30, 1999, 8:00–5:00

INSTRUCTORS

Name: Sandra Doctoroff
Office: Corbett Hall, # 104
Phone Number: 581-1437
E-mail: Sandra.Doctoroff@umit.maine.edu

Name: Sharon L. Gilbert
Office: Corbett Hall, #106
Phone Number: 581-1219
E-mail: **Sharon.** Gilbert@umit.maine.edu

TEXTBOOKS

Required:

Bredekamp, S., & Copple, C. (Eds.), (1997). Developmentally appropriate practice in early education programs (Rev. Ed). Washington, DC: National Association for the Education of Young Children.

Division for Early Childhood. (1993). DEC recommended practices: Indicators of quality in programs for infants and young children with special needs and their families. Reston, VA: Council for Exceptional Children.

* Howard, V. F., Williams, B. F., Port, P. D., & Lepper, C. (1997). Very young children with special needs: A formative approach for the 21st century. Upper Saddle River, NJ: Merrill.

Lerner, J. W., Lowenthal, B., & Egan, R. (1998). Preschool children with special needs: Children at-risk, Children with disabilities. Boston: Allyn and Bacon.

Widerstrom, A, H., Mowder, B. A., & Sandall, S. R. (1997). Infant development and risk: An introduction. Baltimore: Brookes.

Recommended:

Publication Manual of the American Psychological Association (4th ed.). Washington, D.C: American Psychological Association

* Text used in a previous course

COURSE OBJECTIVES

As a result of active participation and successful completion of course requirements, the student will be able to:

1. Discuss the legal basis of early intervention, including supporting legislation and litigation.
2. Discuss dimensions of diversity among families and methods early interventionists can use to become more culturally competent, sensitive, and responsive to families from diverse backgrounds.
3. Discuss the family systems perspective and its implications for early intervention services.
4. Discuss the rationale and principles of family-centered approaches to delivering early intervention services.
5. Discuss the characteristics of high quality, effective service delivery systems for infants and young children with disabilities and describe service delivery options, including considerations for family and professional decision making.

6. Discuss preferred practices for collaborating with families and other team members to develop family-centered, inclusive, individual program plans (IFSPs and IEPs).

7. Discuss preferred practices for identification, screening, and assessment of infants, and young children with disabilities or at-risk.

8. Describe, compare, and contrast the theoretical perspectives that influence and inform early intervention curricula and decision-making.

9. Demonstrate an understanding of developmentally appropriate practice and implications for early intervention.

10. Articulate the rationale for providing early intervention in inclusive early childhood settings and discuss the issues involved in creating inclusive community child care/early education settings.

11. Describe, compare, and contrast multidisciplinary, interdisciplinary, and transdisciplinary teaming arrangements and discuss advantages and disadvantages of each approach for service delivery.

12. Demonstrate the ability to identify, gather, and organize resources related to the early care and education of young children with disabilities

13. Articulate a personal philosophy of early care and education for young children with disabilities.

14. Read, critique and discuss a research article.

COURSE REQUIREMENTS

Attendance and Participation

Attendance at all class sessions is essential and active participation in class discussion and activities is strongly encouraged.

Cheating and Plagiarism

Each student is expected to abide by the policies listed in the University of Maine Online Student Handbook (http://www.umaine.edu/studenthandbk/firstpage.htm). Disciplinary action described in the handbook will be used with students who violate University Policy. **Cheating and plagiarism will not be tolerated and are cause for mandatory dropping of the course.** Plagiarism is presenting another's words or ideas as one's own. Quotation marks are to be used if someone else's exact words are used. If another's words or ideas are paraphrased, the original author is to be cited in the paper and reference section. Please refer to the American Psychological Association (APA) manual for specifics on plagiarism (pages 292-294) and properly quoting sources (pages 95-99). Any children or families involved in projects for the class will remain anonymous through the use of fictitious names. Students should obtain access to children's files by signing access forms prior to reviewing the files.

The current APA Manual does not provide examples of how to cite electronic sources. This information can be found at http://www.apa.org/journals/webref.html.

Student Accommodations

Accommodations will be made for students who, because of a disability, require special accommodations or arrangements. The student must contact one of the instructors to provide time for the accommodations to be made.

Students with Disabilities

If the accommodations requested cannot be provided by the instructors, the student is responsible for contacting the University's disability liaison in writing. Documentation of the disability and requested accommodations may be necessary.

Course Readings

Students are expected to have read the assigned readings and to be prepared to discuss them in class. The assigned readings for each session are listed on the course schedule. Additional readings may be assigned by the instructor on an as-needed basis.

Reflection Papers

Each student will write a 2 page typed response paper which discusses the class readings, discussions, and/or activities. Each reflection paper should include a brief review of the important issues and points made by the instructor, guest presenters, student presenters and/or the assigned reading material and reactions to the information and/or points of view expressed, as appropriate. Consider the following in preparing the papers:

- What were the important issues and points made by the instructor, guest presenters, student presenters and/or the assigned reading material?
- Is the perspective or content new or unfamiliar to you?
- What new things did you learn from reading this material or listening to this presentation?
- How does the information or perspective fit with, or contradict, what you already know or believe?
- How does the information or perspective fit with other theories or approaches you are familiar with?
- Were there any limitations in the perspective or ideas presented?
- Would you apply these ideas to your program or setting and, if so, how?

When writing for class and in discussion, please use gender and disability inclusive language.

Site Visitation Papers

Each student will observe and describe two programs (other than the one he or she works in) that serve infants, toddlers, and/or preschoolers who have disabilities or who are at-risk for disabilities. **One of the two programs should serve children ages birth to three.** The papers should discuss various aspects of the program, including the children and families served, assessment and program planning procedures/approaches, staffing, team model, family involvement, curricular and intervention approaches, program philosophy, social and physical environment, etc. Students may choose from a variety of programs including early intervention programs, inclusive child care and nursery school programs, Head Start and Early Head Start, or Healthy Start programs. In addition to direct observation, interview staff members about aspects of the program, with particular attention to beliefs, practices, and philosophy. Refer to the Guidelines for Site Visitation.

Journal Article Abstracts

Three journal articles will be abstracted in class. The first research article will be completed with the instructors as an example. The second article will be provided in the readings packet and abstracted by each student. The final article will be chosen by the student, with the instructors' approval, and abstracted independently.

Resource File

Each student will develop and maintain a resource file. Materials and information collected should include federal, regional, state, and local resources relevant to infants and young children and their families, including resources for infants and children with low incidence disabilities. The student will devise an organizational structure of categories and subcategories for the file. Resources include pamphlets, brochures or listings of agencies and organizations; names of persons with particular types of expertise; information about web sites, journals, other types of periodicals, and books; copies of journal articles or summaries of articles; handouts; curricular materials; and/or training materials. Please keep in mind the information provided on evaluating web sites.

ASSIGNMENTS	DATES
Reflection Paper #1	7/27 Tuesday
Reflection Paper #2	7/28 Wednesday
Reflection Paper #3	7/29 Thursday
Reflection Paper #4	7/30 Friday
Site Visitation Papers	Fall 1999 Follow-up
Journal Article Abstract #1	7/29 Thursday
Journal Article Abstract #2	Fall 1999 Follow-up
Resource File	Fall 1999 Follow-up

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this course are designed to help students meet program competency requirements and to provide documentation of achievement of those competencies. The Student Competency Guide lists competencies emphasized in this course and course projects and assignments which can be used to document those competencies in your program portfolio.

EVALUATION OF LEARNING

Point Values

Assignment	*Possible Points*
Reflection Paper #1	10
Reflection Paper #2	10
Reflection Paper #3	10
Reflection Paper #4	10
Site Visitation Paper #1	10
Site Visitation Paper #2	10
Journal Article Abstract #1	10
Journal Article Abstract #2	10
Resource File	10
Class Participation	10
Total Points	**100**

Criteria for Final Grade:
A = 100 to 90 points
B = 89 to 80 points
C = 79 to 70 points
D = 69 to 60 points
E = below 60 points

Instructor Evaluation

Students will have the opportunity to evaluate the instructors, using comment papers and course evaluations, which are anonymously completed.

SCHEDULE OF TOPICS AND ACTIVITIES

Monday, July 26

Morning

Course Overview; History of Early Intervention (EI) Services
Activity: Construct the Timeline of Early Intervention

Readings: Bricker (1985); Florian, (1995); Howard, 8; Lerner, 1, 2; Widerstrom, 1

Afternoon

Family-Centered, Culturally Sensitive EI Practices
Activity: Introduce Your Family
Lecture and Discussion
Video

Readings: Lerner, 3; Widerstrom, 5

Tuesday, July 27

Morning

Family-Centered, Culturally Sensitive EI Practices
Family Panel
Small Group Activity: A Cultural Journey

Readings: Harry (1992); Harry (1997)

Afternoon

Making Sense of Research

Readings: Harber (1983); Huck, Cormier, & Bounds, 1 and separate pages; Odom & Karnes, 1

Wednesday, July 28

Morning

Services and Settings; Inclusive Early Childhood Education; Program Models
Lecture and Discussion
Small Group Activity: Design a Program Model

Readings: Fink & Fowler (1997); Lerner, 5; Mahoney, Boyce, Fewell, Spiker & Wheeden (1998); Widerstrom, 12; Weston, Ivins, Heffron, & Sweet (1997)

Afternoon

Teaming, Service Coordination, and Interagency Collaboration
Small Group Activities
Lecture and Discussion

Readings: Howard, 12; McWilliam (1995); Widerstrom, 6

Thursday, July 29

Morning

Assessment and Evaluation; Linking Assessment and Intervention; IFSP Process
Lecture and Discussion
Case Study

Readings: Lerner, 4; Thurman, Cornwell, & Gottwald (1997); Widerstrom, 9, 10

Afternoon

Curriculum Development
Lecture and Discussion: Curriculum Theories and Guidelines
Panel Discussion: Curriculum Trends and Issues (Curriculum for Inclusive Early Childhood Programs, Play-Based Curriculum, High-Scope, Reggio Emilia, Montessori)

Readings: Bredekamp; Division for Early Childhood; Gandini (1993); Humphreys (1998); Lerner, 6; Linder, (1994); Novick (1993); Schweinhart & Weikart (1992); Widerstrom, 11

Friday, July 30

Morning

EI and Public Policy
Panel Discussion
Update on IDEA Reauthorization

Readings: Brown & Conroy (1999); Lerner, 2; Palmer (1997)

Afternoon

Wrap-Up; Course Review and Evaluation

REFERENCES FOR COURSE READINGS

Bricker, D. D. (1985). History and rationale for early intervention programs. In D. D. Bricker, Early intervention for at-risk and handicapped infants, toddlers, and preschool children, pp. 35-60. Palo Alto, CA: VORT Corporation.

Brown, W., & Conroy, M. (1999). Entitled to what? Public policy and the responsibilities of early intervention. Infants and Young Children, 11(3), 27-36.

Fink, D. B., & Fowler, S. (1997). Inclusion, one step at a time: A case study of communication and decision making across program boundaries. Topics in Early Childhood Special Education, 17(3), 337-362.

Florian, L. (1995). Part H intervention program: Legislation history and intent of the law. Topics in Early Childhood Special Education, 15(3), 247-262.

Gandini, L. (1993). Fundamentals of the Reggio Emilia approach to early childhood education. Young Children, 49(1), 4-8.

Harber, J. R. (1983). Internal validity of group experimental research. Exceptional Education Quarterly, 4(3), 77-83.

Harry, B. (1992). Developing cultural self-awareness: The first step in values clarification for early interventionists. Topics in Early Childhood Special Education, 12(3), 333-350.

Harry, B. (1997). Leaning forward or bending over backwards: Cultural reciprocity in working with families. Journal of Early Intervention, 21(1), 62-72.

Huck, S. W., Cormier, W. H., & Bounds, W. G., Jr. (1974). Reading Statistics and Research. New York: Harper & Row.

Humphreys, J. (1998). The developmental appropriateness of high-quality Montessori programs. Young Children, 53(4), 4-16.

Linder, T. The role of play in early childhood special education. In P. L. Safford, B. Spodek, & O. N. Saracho (Eds.), Yearbook in early childhood education: Vol 5. Early Childhood Special Education (pp. 72-95). New York: Teachers College Press

Mahoney, G., Boyce, G., Fewell, R. R., Spiker, D., & Wheeden, C. A. (1998). The relationship of parent-child interaction to the effectiveness of early intervention services for at-risk children and children with disabilities. Topics in Early Childhood Special Education, 18(1), 5-17.

McWilliam, R. A. (1995). Integration of therapy and consultative special education: A continuum in early intervention. Infants and Young Children, 7(4), 29-38.

Novick, R. (1993). Activity-based intervention and developmentally appropriate practice: Points of convergence. Topics in Early Childhood Special Education, 13(4), 403-417.

Odom, S. L., & Karnes, M. B. (1988). Early Intervention for Infants and Young Children with Handicaps. Baltimore: Brookes.

Palmer, S. (1997). Early Intervention Services for Children Birth through Age 2 Enacted by P.L. 105-17 (IDEA 97). The Arc Q & A. Arlington, TX: Arc. (ERIC Document Reproduction Service No. 405 702)

**Robertson, J., Alper, S., Schloss, P. J., & Wisniewski, L. (1992). Teaching self-catheterization skills to a child with myelomeningocele in a preschool setting. Journal of Early Intervention, 16(1), 20-30.

Schweinhart, L.J., & Hohmann, C. F. (1992). The High/Scope K-3 curriculum: A new approach. Principal, 71(5), 16-19.

+Thurman, S. K., Cornwell, J. R., & Gottwald, S. R. (1997). Contexts of Early Intervention. Baltimore: Brookes.

**Trivette, C. M., Dunst, C. J., Boyd, K., & Hamby, D. W. (1995). Family-Oriented program models, helpgiving practices, and parental control appraisals. Exceptional Children, 62(3), 237-248.

Weston, D. R., Ivins, B., Heffron, M. C., & Sweet, N. (1997). Formulating the centrality of relationships in early intervention: An organizational perspective. Infants and Young Children, 9(3), 1-12

**articles used in Journal Abstract Project
+Case study for in-class activity

SYLLABUS
SEI 503
Assessment, Intervention, and Program Planning for Early Intervention I

FALL, 1999

CATALOG DESCRIPTION

Examines child find and screening, eligibility and programmatic assessment, collaboration with families in the IFSP process, designing developmentally appropriate learning programs, and principles and strategies of intervention.

COURSE DESCRIPTION

This **6-credit course** examines child find and screening, eligibility and programmatic assessment, collaboration with families in the IFSP process, designing developmentally appropriate learning programs, and principles and strategies of intervention from an inclusive, culturally competent, family-centered perspective. An important focus of the course is assessment and intervention strategies for specific populations of infants and young children, including preterm and low birthweight infants, infants and young children who are at risk, and infants and young children with low incidence disabilities (medically fragile/complex conditions, multiple or severe disabilities, autism, hearing loss, visual impairments). **Students must be concurrently enrolled in SEI 505 Early Intervention Practicum I.** Group discussion, small group activities, presentations by guest lecturers, case studies, and videotapes, as well as lecture will be employed in this class. Assignments will be designed to provide direct experiences with course content and to extend learning about concepts and issues addressed in this course.

COURSE

Credit: 6 semester credits
Prerequisites: Enrollment in the grant Rural Early Intervention Specialists for Low Incidence Disabilities and Early Intervention Practicum I.
Meeting Place: Baxter School for the Deaf in Portland and Shibles Hall at the University of Maine in Orono
Meeting Time: Friday, 4-8 and Saturday, 8-5

INSTRUCTORS

Name: Sandra Doctoroff	**Name:** Sharon L. Gilbert
Office: Corbett Hall, # 104	**Office:** Corbett Hall, #106
Phone Number: 581-1437	**Phone Number:** 581-1219
E-mail: Sandra.Doctoroff@umit.maine.edu	**E-mail: Sharon.** Gilbert@umit.maine.edu

Office hours through telephone conferencing will be posted on the First Class conference folder for the course and announced during classes. Students will also be encouraged to contact the instructor via E-mail or telephone with questions about course readings and/or assignments.

TEXTBOOKS

Required:

Bricker, D, Prètti-Frontczak, K., & McComas, N. (1998). An activity-based approach to early intervention (2nd ed.). Baltimore: Paul H. Brookes.

Davis, M. D., Kilgo, J. L., & Gamel-McCormick, M. (1998). Young children with special needs: A developmentally appropriate approach. Boston: Allyn & Bacon.

* Howard, V. F., Williams, B. F., Port, P. D., & Lepper, C. (1997). Very young children with special needs: A formative approach for the 21st century. Upper Saddle River, NJ: Merrill.

McLean, M., Bailey, D. B., & Wolery, M. (1996). Assessing infants and preschoolers with special needs (2nd ed.). Englewood Cliffs, NJ: Merrill.

Raver, S. A. (1999). Intervention strategies for infants and toddlers with special needs (2nd ed.). Upper Saddle River, NJ: Merrill.

* Text used in a previous course

COURSE OBJECTIVES

As a result of active participation and successful completion of course requirements, the student will be able to:

1. Describe the steps of the assessment process (screening, determining eligibility, program planning, monitoring progress, evaluating the program) and discuss recommended practices for each step.

2. Identify the various types of assessment procedures used to assess infants and young children and discuss the purposes of assessment for which each is appropriate.

3. Explain measurement concepts used in the development of standardized tests and in analyzing and interpreting children's performance on assessment instruments.

4. Discuss issues related to child find and screening programs and considerations for selecting screening instruments.

5. Discuss the central role of families in assessing young children and strategies and options for involving family members in the assessment process.

6. Identify and discuss sources of cultural bias in assessment instruments and recommended practices for assessing culturally and linguistically diverse children.

7. Discuss considerations and adaptations of assessment instruments and procedures for assessment of infants and young children with low incidence disabilities.

8. Discuss methods to assist families to identify their resources, priorities, and concerns.

9. Discuss principles underlying the IFSP process and recommended practices for collaboratively developing individual program plans with families.

10. Describe how goals and objectives can be embedded into the routines and activities of infants and young children in natural environments.

11. Identify and discuss methods and procedures to effectively assess neuromotor, cognitive, and communication and language development in infants and young children.

12. Describe effective intervention approaches and strategies to facilitate and enhance motor, cognitive, and communication and language development in infants and young children with disabilities.

13. Discuss etiologies, impact on development, and characteristics of neuromotor impairments, medically fragile/complex conditions, multiple or severe disabilities, hearing loss, and visual impairments in infancy and early childhood.

14. Discuss effective assessment and intervention techniques to meet the needs of infants and young children with neuromotor impairments, medically

fragile/complex conditions, multiple or severe disabilities, hearing loss, and visual impairments and their families.

15. Discuss characteristics, medical complications, needs, care, and assessment of premature and low birth weight infants.

16. Discuss characteristics, categorization, identification, and prevention of at-risk conditions in infants and young children.

17. Discuss important transitions in early childhood recommended practices for supporting the transitions of young children with disabilities and their families.

Course Requirements

Attendance and Participation

Due to time constraints of the class, it is imperative that students attend each class and be on time. Missing more than half a class period will be considered an absence. **Excessive absence from class may affect a student's grade.** Students are required to turn in assignments on time and to make any requested changes within the specified timeframe. Class participation is essential and consists of discussion, reading of materials prior to class, responding to email messages, and making class presentations. Course grade will be influenced by student's level of participation. In addition to the textbook(s), journal articles will be discussed in class.

Cheating and Plagiarism

Each student is expected to abide by the policies listed in the University of Maine Online Student Handbook (http://www.umaine.edu/studenthandbk/firstpage.htm). Disciplinary action described in the handbook will be used with students who violate University Policy. **Cheating and plagiarism will not be tolerated and are cause for mandatory dropping of the course.** Plagiarism is presenting another's words or ideas as one's own. Quotation marks are to be used if someone else's exact words are used. If another's words or ideas are paraphrased, the original author is to be cited in the paper and reference section. Please refer to the American Psychological Association (APA) manual for specifics on plagiarism (pages 292-294) and properly quoting sources (pages 95-99). Any children or families involved in projects for the class will remain anonymous through the use of fictitious names. Students should obtain access to children's files by signing access forms prior to reviewing the files.

The current APA Manual does not provide examples of how to cite electronic sources. This information can be found at http://www.apa.org/journals/webref.html.

Assessment

Specific criteria and procedures for the assignments are given in writing at the first class meeting. In order to receive a satisfactory grade (i.e., "B" or better), all critical objectives must be achieved at a criterion level sufficient to demonstrate mastery. A grade of "I" will be given only under extenuating circumstances. The student will have to demonstrate to the instructors why an assignment could not be completed by the due date and a new due date will be chosen by the instructors. It is the student's responsibility to let the instructors know before assignments are due that extenuating circumstances prevented him/her from completing the work. The assignments from one class should be completed before the start of the next course.

Assignments

The student's identification number is to be used on all projects and exams. **DO NOT PUT YOUR NAME ON ANY PAPERS TURNED IN TO THE INSTRUCTORS.** The assignments are to be turned in individually, **STAPLED**, **TYPED**, and **DOUBLE-SPACED**. A **COVER SHEET** with your number, project title, and date is to be **STAPLED** to the front of the project. All projects requiring references are to be **CITED and REFERENCED** in American Psychological Association (**APA**) style. Headers and page numbers should be used to organize the projects. **CAREFUL READING OF THE DIRECTIONS** to ensure each component of a project is covered is strongly recommended by the instructors. The student is responsible for effectively using his/her time to complete the projects on time.

Course Readings

Students are expected to have read the assigned readings and to be prepared to discuss them in class. The assigned readings for each session are listed on the course schedule. The instructors, on an as-needed basis, may assign additional readings.

Students with Disabilities

If the accommodations requested cannot be provided by the instructors, the student is responsible for contacting the University's disability liaison in writing. Documentation of the disability and requested accommodations may be necessary.

Course Projects

Due dates have been set for when projects are to be turned in to the instructors. The instructors will also provide dates during the course of the semester by which portions of projects should be completed. This measure is used to assist students in keeping up with the work and to assure them that the work can be done, if approached in pieces.

Participation in On-Line Discussion

Each week a "Question of the Week" will be posted on the FirstClass conference folder for the course. These questions, which will be relevant to the course content, will pose a problem or a controversy. They will be designed to encourage dialogue amongst students, as well as between the students and course instructors. Students are expected to contribute to the ongoing dialogue at least six (6) times during the semester. **Six (6)** or more responses or comments on the weekly question earn a total of **5 points** toward the final grade.

Reflective Journal

Students will maintain a journal in which they reflect on the readings, class discussions, lectures, and/or activities for each topic examined in this course and their interactions with children and families in their practicum settings. Students may consider the following questions when writing responses. Students are required to write in their journals at least once a week, on average. A handout, as well as these questions, has been provided to assist in organizing thoughts. This project is worth **20 points**.

Class Readings, Lectures, Discussions, and Activities

- What were the important issues and points made by the instructor, guest presenters, student presenters and/or assigned reading material?
- Is the perspective or content new or unfamiliar to me?
- What new things did I learn from reading this material (or listening to this presentation or participating in this activity)?
- How does the information or perspective fit with, or contradict, what I already know or believe?
- In what ways does the information or perspective shed new light on concerns I have about my program or particular children?

Practicum

- What worked? What did not work? Why did or didn't it work? What could I have done differently? How might that have influenced the outcome?
- What did I do well? What areas do I need to improve?
- What did I learn about the child, the family, the intervention process, and/or myself as an interventionist?
- Why did this particular episode stand out to me?
- How have I applied, or could apply, information or perspectives from course (SEI 503) readings, discussions, guest lecturers or from the literature review project?

TO BE TURNED IN: A journal with at least one entry from each week. The journal entry length is left up to the individual student.

Child Study Project

Students will select a child with a **low-incidence disability** (e.g., visual impairment, hearing impairment, multiple disabilities, autism) and prepare a case study based on opportunities to observe, interact with, and learn from the child, her family, and service providers over the semester. The student will prepare a 6-10 page case study describing various aspects of the child's disability, family, and program. A handout with guidelines for this project will be provided. This project is worth a maximum of **35 points** toward the final grade.

TO BE TURNED IN: A 6-10 page case study on a child with a low-incidence disability.

Literature Review

Students will sign up for a topic on strategies or approaches for providing intervention to children with a low-incidence disability or at-risk condition covered during this course. Teams of students will be created according to common interest in the topics. Instructors must approve of the teams' topic and each member's specific focus. An individual student's topic should differ from the low incidence disability of the child in the child study project. Students are responsible for writing their own paper reviewing the research literature on the team topic. The team will work together to identify and narrow the topic, organize the paper, and locate sources. Students may critique drafts of each other's writing, discuss sources, and provide direction to each other in searching for relevant literature. The paper should be between 10-15 pages in length. This project is worth **40 points**.

TO BE TURNED IN: A 10-15 page paper written by the student, reviewing the literature on the team topic.

Student Presentations

Groups of students will present together to the other members of the class on the literature review they completed on their selected disability or at-risk condition from the previous project. Presentations should be well organized, clear, concise, provide useful information to the audience, and include the use of visual aids. A one-page summary of important points and findings from the literature review should be prepared, copied, and distributed to the other members of the class. Students may also prepare and provide other materials, such as a bibliography (not required). Presentations will be peer-evaluated. The other members of the class will be asked to rate the presenters on the organization, clarity, and usefulness of the presentation. Presentations are worth a maximum of **20 points** toward the final grade.

TO BE TURNED IN: A one-page summary of important points and findings.

Analysis of Assessment Practices and Procedures

Students will examine the practices and procedures of the program or agency in which they currently work or are placed for the practicum, in regard to child find; screening; preassessment procedures; child assessment to determine eligibility and/or diagnosis, and program planning; and family-guided assessment of resources, priorities, and concerns. The processes should be examined from the perspective of recommended practices as discussed in course readings and in the publications Developmentally Appropriate Practice in Early Education Programs and DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children With Special Needs and Their Families. The analysis should be based on observations of screenings and assessments, agencies' written policies and procedures, and interviews with other staff members, parents, or caregivers, in addition to the student's own understanding of the system. Students may also utilize best practice checklists, rating scales, and other types of resources provided by the instructors for their analyses. Recommendations for improvements in practices and procedures should also be included in the paper. An adequate length for this paper is 6-10 pages. This project is worth a maximum of **35 points** toward the final grade.

TO BE TURNED IN: A 6-10 page paper that analyzes the assessment practices and procedures in the student's program or agency.

Assessment Instrument Review

Each student will review one assessment instrument, which is intended, for use with infants and/or young children. The assessment should be standardized and/or norm-referenced. An opportunity will be provided to administer a portion of the instrument to a classmate during a class session. The following areas should be addressed when writing the review of the instrument:

- Name of the instrument
- Author(s)
- Year of publication
- Publisher
- Price
- Components
- Address for purchase
- Purpose and type of instrument
- Theoretical perspective
- Adequacy of the norm sample and/or field testing
- Target population, including age ranges
- Adaptations for children with disabilities
- Scoring procedures
- Types of scores obtained
- Methods of administration (direct testing, observation, interview, etc.)
- Role of parent in administration of the assessment
- Average administration time

- Reliability and validity
- Developmental domains or behavioral areas assessed
- Ease of use
- Adequacy of the instrument for its intended purpose
- Advantages and disadvantages of instrument

Identify any research on the psychometric properties of the instrument and discuss and cite these in your reviews. The subsequent paper for each review should be 3-4 pages each. This assignment is worth a maximum of **20 points** toward the final grade.

TO BE TURNED IN: One 3-4 page paper reviewing a standardized and/or norm-referenced assessment instrument.

NICU Applied Activities

As a follow-up to the class visit to the Neonatal Intensive Care Unit (NICU) complete the following activities:

- Write up observations of the NICU, responding to questions 1 and 2 on page 164 of the Raver textbook.
- Interview one set of parents whose infant was, or is currently, in an intensive care nursery. Use the questions on page 164 of the Raver book as a guide for discussion with the family.

This assignment is worth a total of **15 points** toward the final grade.

TO BE TURNED IN: A 3-5 page paper answering the questions from the Raver textbook, including the parent interview.

Resource File

Continue to develop your resource file, with particular attention to materials and information pertinent to preferred practices in the early intervention field; intervention approaches and techniques; and local, state, regional, and national resource persons and organizations that serve children with low incidence disabilities. Your resource file should include scholarly work such as journal articles; reports of research; monographs; and literature reviews; as well as other types of materials such as brochures and flyers; activities for infants and children; handouts to use with parents; and catalogs of adaptive equipment and assistive technology, professional books, and classroom equipment and materials. This assignment is worth a maximum of **5 points** toward the final grade.

TO BE TURNED IN: An outline of the contents of your resource file, indicating items you have added during this semester.

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this course are designed to help students meet program competency requirements. The instructors will provide information on course assignments which can be used to document achievement of specific program competencies and can be included in students' portfolios.

Assignment Due Dates and Point Values

Assignment	*Points*	*Due Dates*
On-Line Discussion	5	On-going
Reflective Journal	20	On-going
Child Study Project	35	12/3
Literature Review	40	11/26
Student Presentations	20	12/4
Analysis of Assessment Practices	35	10/22
Assessment Review	20	10/1
NICU Applied Activities	15	12/3
Resource File	5	12/4
Class Participation	5	On-going
Total Points	**200**	

Criteria for Final Grade:
A = 180 to 200 points
B = 160 to 179 points
C = 140 to 159 points
D = 120 to 139 points
F = below 119 points

SCHEDULE OF TOPICAL UNITS, READINGS, AND ASSIGNMENTS

***supplemental reading**
Friday, September 17, 4:00-8:00 p.m.

Early Intervention Perspectives, Policies, and Procedures
Assessment in Early Intervention

Readings:

McLean et al., 1 - Assessment and its importance in early intervention/early childhood special education

*Raver 1 – Foundations of infant and toddler intervention

Davis et al., 1 – Early childhood education and ECSE: the best of both worlds

*Davis et al., 2 – DAP: what is it and how it works (pages 62-66 required)

Davis et al., 3 – Principles of DAP applied to young children with special needs

Saturday, September 18, 8:00 a.m.-5:00 p.m.

Morning **_Tests and Test Development_**
Statistical Concepts Used in Normative Assessment
Test Standardization
Summarizing Test Performance
Test Reliability and Validity

Readings:

McLean et al., 2 – Tests and test development

Afternoon **_Considerations in Assessing Infants and Preschoolers_**
Team Collaboration
Assessment in the Natural Environment

Readings:

McLean et al., 3 – Procedural considerations in assessing infants and preschoolers with disabilities

*Raver 2 – Teamwork in early intervention

Friday, September 24, 4:00-8:00 p.m.

Child Find, Screening, and Tracking

Readings:

McLean et al., 5 – Child find, tracking and screening

Saturday, September 25, 8:00-5:00 p.m.

Morning **_Collaborating with Families_**
Application of Family Systems Theory
Family-Professional Communication Skills
Home Visiting

Readings:

Kalmanson, B., & Seligman, S. (1992). Family-provider relationships: The basis of all interventions. Infants and Young Children, 4(4), 46-52.

*Raver 12 – Collaborating with families

Widerstrom et al., 13 – Home-based services and supports

Afternoon ***The Individualized Family Service Plan Process***
Developing Cultural Competence
Family-Guided Assessment
Developing the IFSP

Readings:
McLean et al., 4 – Ensuring cultural competence in assessment

McLean et al., 8 – Assessing family resources, priorities, and concerns

*Raver 13 – The IFSP process

Noonan, M. J., & McCormick, L. (1993). The IFSP process. In Early intervention in natural environments: Methods and procedures (pp. 43-90. Belmont, CA: Brooks/Cole.

Friday, October 15, 4:00-8:00 p.m.

Intervention Planning
Developing IEP/IFSP Goals/Outcomes and Objectives
Embedding Skills into Routines and Activities

Readings:

Bricker et al., 2 – A Description of Activity-Based Intervention

Bricker et al., 3 – A Linked Systems Approach

Bricker et al., 4 – Activity-Based Intervention and the Team

Bricker et al., 5 – The Application of Activity-Based Intervention to Individual Children

Bricker et al., 6 – The Application of Activity-Based Intervention to Groups of Children

Davis et al., 4 – Assessment of DA Curriculum programs for young children with special needs

Davis et al., 5 – Using individualized plans as a basis for designing DA learning experiences for young children with special needs

Saturday, October 16, 8:00 a.m.-5:00 p.m.

Morning ***Intervention Planning***
Preparing the Learning Environment
Naturalistic Teaching Strategies
Monitoring and Evaluating Child Progress

Readings:

*Bricker et al., 7 – Monitoring and Evaluating Child Progress

Bricker et al., 8 – Naturalistic Teaching Approaches

*Davis et al., 6 – Using principles of DAP to make decisions about the learning environment

Davis et al., 7 – Using principles of DAP to make decisions about materials, learning centers, and integrated thematic units

*Davis et al., 8 – Using principles of DAP to make decisions about guiding the behavior of young children

Davis et al., 9 – Summative assessment: evaluating the progress of children

McLean et al., 17 – Monitoring child progress

Afternoon ***Facilitating Transitions for Infants and Young Children***
Transition from Hospital to Home
Preschool Transitions
Transition to Kindergarten

Readings:

Bruder, M. B., & Walker, L. (1990). Discharge planning: Hospital to home transitions for infants. Topics in Early Childhood Special Education, 9(4), 26-42.

Fowler, S. A., & Ostrosky, M. M. (1994). Transitions to and from preschool in early childhood special education. In P. Safford, B. Spodek, & O. N. Saracho (Eds.), Yearbook in early childhood education: Vol. 5. Early childhood special education (pp. 142-164). New York: Teachers College Press.

Odom, S. L., & Chandler, L. (1990). Transition to parenthood for parents of technology-assisted infants. Topics in Early Childhood Special Education, 9(4), 43-54.

*Wyly, M. W., Allen, J., Pfalzer, S. M., & Wilson, J. R. (1996). Providing a seamless service system from the hospital to home: The NICU Training Project. Infants and Young Children, 8(3), 77-84.

Friday, October 29, 4:00-8:00 p.m.

Cognitive Development

Effects of Early Experience on Cognitive Development
Perspectives on Cognitive Development
Approaches to Assessment of Cognitive Development
Effective Assessment of Young Children with Low Incidence Disabilities
Strategies to Enhance Cognitive Development

Readings:

Raver 4 - Cognitive development in infants and toddlers

McLean et al., 10 – Assessing cognitive development

Saturday, October 30, 8:00 a.m.-5:00 p.m.

Morning ***Motor Development***

Roles of the Occupational and Physical Therapist
Terminology
Neuromotor Dysfunction
Treatment Approaches
Assessment of Motor Development

Readings:

Heriza, C. B., & Sweeney, J. K. (1994). Pediatric physical therapy: Part I. Practice scope, scientific basis, and theoretical foundation. Infants and Young Children, 7(2), 20-32.

Heriza, C. B., & Sweeney, J. K. (1994). Pediatric physical therapy: Part II. Approaches to movement dysfunction. Infants and Young Children, 8(2), 1-14.

Howard et al., 5 – Conditions affecting neurological functioning

Raver 3 – Neuromotor development in infants and toddlers

*McLean et al., 11 – Assessing motor skills

Afternoon **_Motor Development_**
Feeding Techniques
Positioning and Handling
Sensory Integration
Adaptive Equipment

Readings:

Hanson, M. J., & Harris, S. R. (1987). Teaching the young child with motor delays: A guide for parents (Ch. 7). Austin, TX: Pro-Ed.

Jaffe, M. B. (1989). Feeding at-risk infants and toddlers. Topics in Language Disorders, 10(1), 13-25.

Poulton, S., & Sexton, D. (1995). Feeding young children. Childhood Education, 72(2), 66-71.

Friday, November 5, 4:00-8:00 p.m.

Communication and Language Development
Role of the Speech-Language Pathologist
Causes of Communication and Language Problems
Early Identification of Communication and Language Problems
Assessment of Communication and Language Development
Strategies to Facilitate Communication and Language Skills

Readings:

Prizant, B. M., & Wetherby, A. M. (1993). Communication and language assessment for young children. Infants and Young Children, 5(4), 20-34.

Raver 5 – Social and communication development in infants and toddlers

*McLean et al., 12 – Assessing communication skills

Saturday, November 6, 8:00 a.m.-5:00 p.m.

Morning Techniques for Infants and Young Children Who Are At-Risk
Overview of Risk Conditions
Prevention of Risk Conditions

Readings:

Raver 8 – Techniques for infants and toddlers who are at risk

*Simeonsson, R. J. (1991). Primary, secondary, and tertiary prevention in early intervention. Journal of Early Intervention, 15(2), 124-134.

Summers, J. A., McMann, O. T., & Fuger, K. L. (1997). Critical thinking: A method to guide staff in serving families with multiple challenges. Topics in Early Childhood Special Education, 17(1), 27-52.

Afternoon **_Neonatal Assessment and Intervention_**

Medical Aspects of the Neonatal Period
Family-Centered Care in the NICU
Assessment of the Newborn Infant
Developmental Intervention in the NICU
Transition from Hospital to Home

Readings:

Als, H., & Gilkerson, L. (1995). Developmentally supportive care in the neonatal intensive care unit. Zero to Three, 15(6), 1-10.

McLean et al., 7 – Neurobehavior assessment of the newborn infant

Raver 6 – Techniques for the neonatal period

*Johnson, B. H. (1995). Newborn intensive care units pioneer family-centered change in hospitals across the country. Zero to Three, 15(6), 11-17.

Friday, November 19, 4:00-8:00 p.m.

Field Trip to NICU

Saturday, November 20, 8:00 a.m.-4:00 p.m.

Morning **_Infants and Young Children with Medically Fragile/Complex Conditions_**

Roles of Health Care Professionals
Complex Medical Conditions
Effects on the Child and Family
Health-Related Procedures

Readings:

*Ahmann, E., & Lipsi, K. A. (1991). Early intervention for technology-dependent infants and young children. Infants and Young Children, 3(4), 67-77.

Capobres, B. G. (1992). Pediatric HIV/AIDS: An introduction for early interventionists. Infant-Toddler Intervention, 2(4), 249-261.

Raver 7 – Coordinating services for infants and toddlers with medically fragile/complex conditions

*Urbano, M. T. (1992). Managing the child's health problems. Preschoolers with special health care needs (pp. 82-159).San Diego: Singular Publishing Group.

Hutchinson, M. K., & Sandall, S. R. (1995). Congenital TORCH infections in infants and young children: Neurodevelopmental sequelae and implications for intervention. Topics in Early Childhood Special Education 15(1), 65-82.

Rathlev, M. (1994). Universal precautions in early intervention and child care. Infants and Young Children 6(3), 54-64.

*McNab, T. C., & Blackman, J. A. (1998). Medical complications of the critically ill newborn: A review for early intervention professionals. Topics in Early Childhood Special Education 18(4), 197-205.

Lowman, D. K. (1998). Preschoolers with complex health care needs in preschool classrooms. Young Exceptional Children, 1(4), 2-6.

Afternoon **_Techniques for Infants and Young Children with Multiple or Severe Disabilities_**

Assessment Procedures
Intervention Guidelines and Strategies
Family Issues
Autism/PDD
Deaf-Blindness
Traumatic Brain Injury

Readings:

Amos, P. (no date). What we are learning about autism/pervasive developmental disorder: Evolving dialogues and approaches to promoting development and adaptation. Philadelphia: Temple University Institute on Disabilities/University Affiliated Program.

Greenspan, S. I., & Wieder, S. (1997). An integrated developmental approach to intervention for young children with severe difficulties in relating and communicating. Zero to Three, 17(5), 5-17.

Raver 9 – Techniques for infants and toddlers with multiple or severe disabilities

Williamson, G. G., & Anzalone, M. (1997). Sensory integration: A key component of the evaluation and treatment of young children with severe difficulties in relating and communicating. Zero to Three, 17(5), 29–36.

*Wagner, A. E., Lockwood, S. L. (1994). Pervasive developmental disorders: Dilemmas in diagnosing very young children. Infants and Young Children, 6(4), 21-32.

*Marks, S. B. (1998). Understanding and preventing learned helplessness in children who are congenitally deaf-blind. Journal of Visual Impairment and Blindness, 92(3), 200-211.

*Tedder, N. E., Warden, K., Sikka, A. (1993). Prelanguage communication of students who are deaf-blind and have other severe impairments. Journal of Visual Impairment and Blindness, 87(8), 302-307.

Readings on TBI are TBA

Friday, December 3, 4:00 p.m.-8:00 p.m.

Techniques for Infants and Young Children with Hearing Loss
Causes and Types of Hearing Loss
Impact of Hearing Loss on Development
Communication and Language Approaches
Hearing Aids and Other Technologies
Family Issues
Screening and Assessment of Auditory Functioning
Programming Considerations

Readings:

Beauchaine, K. L., & Donaughy, K. (1994). Issues in amplification for infants and toddlers. Infant-Toddler Intervention, 4(4), 245-262.

Cole, E. B. (1994). Encouraging intelligible spoken language development in infants and toddlers with hearing loss. Infant-Toddler Intervention, 4(4), 263-284.

McLean et al., 6 – Screening and assessment of sensory functioning (pages 124-138)

Raver 10 – Techniques for infants and toddlers with hearing loss

Saturday, December 4, 8:00 a.m.-5:00 p.m.

Morning ***Techniques for Infants and Young Children with Visual Impairments***

Causes of Visual Impairment and Blindness
Impact of Visual Loss on Development
Family Issues
Screening and Assessment of Visual Functioning
Considerations for Programming
Orientation and Mobility
Assistive Technology

Readings:

Anthony, T. L. (1994). Orientation and mobility (O & M): The early years of infancy through preschool. Proceedings of the Visions in Mobility: International Mobility Conference 7, Melbourne, Australia.

Anthony, T. L. (1993). Review of A&M programming considerations for the preschool child with visual impairment. Segment taken from Orientation and Mobility Skill Development chapter in First steps: A handbook for teaching young children who are visually impaired. Los Angeles: Blind Children's Center.

Leong, S. (1996). Preschool orientation and mobility: A review of the literature. Journal of Visual Impairment and Blindness, 90(2), 145-153.

McLean et al., 6 - Screening and assessment of sensory functioning (pages 138-153)

Raver 11 – Techniques for infants and toddlers with visual impairments

*Teplin, S. W. (1995). Visual impairment in infants and young children. Infants and Young Children, 8(1), 18-51.

Afternoon **_Student Presentations_**
Catch-Up, Course Summary, and Evaluation

REFERENCES FOR COURSE READINGS

Required:

Als, H., & Gilkerson, L. (1995). Developmentally supportive care in the neonatal intensive care unit. Zero to Three, 15(6), 1-10.

Amos, P. (no date). What we are learning about autism/pervasive developmental disorder: Evolving dialogues and approaches to promoting development and adaptation. Philadelphia: Temple University Institute on Disabilities/University Affiliated Program.

Anthony, T. L. (1994). Orientation and mobility (O & M): The early years of infancy through preschool. Proceedings of the Visions in Mobility: International Mobility Conference 7, Melbourne, Australia.

Anthony, T. L. (1993). Review of A&M programming considerations for the preschool child with visual impairment. Segment taken from Orientation and Mobility Skill Development chapter in First steps: A handbook for teaching young children who are visually impaired. Los Angeles: Blind Children's Center.

Beauchaine, K. L., & Donaughy, K. (1994). Issues in amplification for infants and toddlers. Infant-Toddler Intervention, 4(4), 245-262.

Bruder, M. B., & Walker, L. (1990). Discharge planning: Hospital to home transitions for infants. Topics in Early Childhood Special Education, 9(4), 26-42.

Capobres, B. G. (1992). Pediatric HIV/AIDS: An introduction for early interventionists. Infant-Toddler Intervention, 2(4), 249-261.

Cole, E. B. (1994). Encouraging intelligible spoken language development in infants and toddlers with hearing loss. Infant-Toddler Intervention, 4(4), 263-284.

Fowler, S. A., & Ostrosky, M. M. (1994). Transitions to and from preschool in early childhood special education. In P. Safford, B. Spodek, & O. N. Saracho (Eds.), Yearbook in early childhood education: Vol. 5. Early childhood special education (pp. 142-164). New York: Teachers College Press.

Greenspan, S. I., & Wieder, S. (1997). An integrated developmental approach to intervention for young children with severe difficulties in relating and communicating. Zero to Three, 17(5), 5-17.

Hanson, M. J., & Harris, S. R. (1987). Teaching the young child with motor delays: A guide for parents (Ch. 7). Austin, TX: Pro-Ed.

Heriza, C. B., & Sweeney, J. K. (1994). Pediatric physical therapy: Part I. Practice scope, scientific basis, and theoretical foundation. Infants and Young Children, 7(2), 20-32.

Heriza, C. B., & Sweeney, J. K. (1995). Pediatric physical therapy: Part II. Approaches to movement dysfunction. Infants and Young Children, 8(2), 1-14.

Hutchinson, M. K., & Sandall, S. R. (1995). Congenital TORCH infections in infants and young children: Neurodevelopmental sequelae and implications for intervention. Topics in Early Childhood Special Education 15(1), 65-82.

Jaffe, M. B. (1989). Feeding at-risk infants and toddlers. Topics in Language Disorders, 10(1), 13-25.

Kalmanson, B., & Seligman, S. (1992). Family-provider relationships: The basis of all interventions. Infants and Young Children, 4(4), 46-52.

Leong, S. (1996). Preschool orientation and mobility: A review of the literature. Journal of Visual Impairment and Blindness, 90(2), 145-153.

Lowman, D. K. (1998). Preschoolers with complex health care needs in preschool classrooms. Young Exceptional Children, 1(4), 2-6.

Noonan, M. J., & McCormick, L. (1993). The IFSP process. In Early intervention in natural environments: Methods and procedures (pp. 43-90. Belmont, CA: Brooks/Cole.

Odom, S. L., & Chandler, L. (1990). Transition to parenthood for parents of technology-assisted infants. Topics in Early Childhood Special Education, 9(4), 43-54.

Poulton, S., & Sexton, D. (1995). Feeding young children. Childhood Education, 72(2), 66-71.

Prizant, B. M., & Wetherby, A. M. (1993). Communication and language assessment for young children. Infants and Young Children, 5(4), 20-34.

Rathlev, M. (1994). Universal precautions in early intervention and child care. Infants and Young Children 6(3), 54-64.

Summers, J. A., McMann, O. T., & Fuger, K. L. (1997). Critical thinking: A method to guide staff in serving families with multiple challenges. Topics in Early Childhood Special Education, 17(1), 27-52.

Williamson, G. G., & Anzalone, M. (1997). Sensory integration: A key component of the evaluation and treatment of young children with severe difficulties in relating and communicating. Zero to Three, 17(5), 29–36.

Supplemental:

Ahmann, E., & Lipsi, K. A. (1991). Early intervention for technology-dependent infants and young children. Infants and Young Children, 3(4), 67-77.

Johnson, B. H. (1995). Newborn intensive care units pioneer family-centered change in hospitals across the country. Zero to Three, 15(6), 11-17.

Marks, S. B. (1998). Understanding and preventing learned helplessness in children who are congenitally deaf-blind. Journal of Visual Impairment and Blindness, 92(3), 200-211.

McNab, T. C., & Blackman, J. A. (1998). Medical complications of the critically ill newborn: A review for early intervention professionals. Topics in Early Childhood Special Education 18(4), 197-205.

Simeonsson, R. J. (1991). Primary, secondary, and tertiary prevention in early intervention. Journal of Early Intervention, 15(2), 124-134.

*Tedder, N. E., Warden, K., Sikka, A. (1993). Prelanguage communication of students who are deaf-blind and have other severe impairments. Journal of Visual Impairment and Blindness, 87(8), 302-307.

Teplin, S. W. (1995). Visual impairment in infants and young children. Infants and Young Children, 8(1), 18-51.

Urbano, M. T. (1992). Managing the child's health problems. Preschoolers with special health care needs (pp. 82-159).San Diego: Singular Publishing Group.

Wagner, A. E., Lockwood, S. L. (1994). Pervasive developmental disorders: Dilemmas in diagnosing very young children. Infants and Young Children, 6(4), 21-32.

Wyly, M. W., Allen, J., Pfalzer, S. M., & Wilson, J. R. (1996). Providing a seamless service system from the hospital to home: The NICU Training Project. Infants and Young Children, 8(3), 77-84.

SYLLABUS
SEI 504
Assessment, Intervention, and Program Planning for Early Intervention II

SPRING, 2000

CATALOG DESCRIPTION

Nontraditional/authentic assessment, design and evaluation of environments, curriculum development and adaptation, and instructional methods and materials for early care and education programs. Prerequisite: Students must be concurrently enrolled in Early Intervention Practicum II.

COURSE DESCRIPTION

This **6-credit course** focuses on nontraditional/authentic assessment, design and evaluation of environments, curriculum development and planning, and instructional methods for inclusive early care and education programs. The central and integrative role of play in the early childhood curriculum and inclusive and developmentally appropriate practices will be emphasized throughout. Students will formulate personal philosophical frameworks to guide them in curriculum development and instructional planning and implementation. Two nontraditional assessment approaches, Transdisciplinary Play-Based Assessment and portfolio assessment will be introduced in this course. We will examine curricular scope and sequence, assessment strategies, and instructional methods and materials for the domains of play, cognitive development, emergent mathematics, social-emotional development, child guidance, communication and language, emergent literacy, self-care/adaptive skills, motor development, and creative expression. A particular focus of this course is modification or adaptation of curricular goals and objectives, methods, materials, and activities to promote active learning and full participation by children with diverse abilities, including children with low incidence disabilities.

COURSE

Credit: 6 semester credits
Prerequisites: Enrollment in the grant Rural Early Intervention Specialists for Low Incidence Disabilities and Early Intervention Practicum II.
Meeting Place: Baxter School for the Deaf in Portland and Shibles Hall at the University of Maine in Orono
Meeting Time: Friday, 4-8 and Saturday, 8-5

INSTRUCTORS

Name: Sandra Doctoroff

Name: Sharon L. Gilbert

Office: Corbett Hall, # 104
Phone Number: 581-1437
E-mail: Sandra.Doctoroff@umit.maine.edu

Office: Corbett Hall, #106
Phone Number: 581-1219
E-mail: Sharon. Gilbert@umit.maine.edu

Office hours through telephone conferencing will be posted on the First Class conference folder for the course and announced during classes. Students will also be encouraged to contact the instructor via E-mail or telephone with questions about course readings and/or assignments.

TEXTBOOKS AND COURSE MATERIALS

Required

Bailey, D. B., & Wolery, M. (1992). Teaching infants and preschoolers with disabilities (2nd ed.). Englewood Cliffs, NJ: Merrill.

*Bricker, D, Pretti-Frontczak, K., & McComas, N. (1998). An activity-based approach to early intervention (2nd ed.). Baltimore: Paul H. Brookes.

Hendrick, J. (1998). Total learning: Developmental curriculum for the young child. Upper Saddle River, NJ: Merrill.

*McLean, M., Bailey, D. B., & Wolery, M. (1996). Assessing infants and preschoolers with special needs (2nd ed.). Englewood Cliffs, NJ: Merrill.

O'Brien, M. (1997). Inclusive child care for infants and toddlers: Meeting individual and special needs. Baltimore: Brookes.

Reading packet available at the bookstore

Optional

Hart, C. H., Burts, D. C., & Charlesworth, R. (Eds.). (1997). Integrated curriculum and developmentally appropriate practice: Birth to age eight. Albany, NY: State University of New York Press.

Linder, T. W. (1993). Transdisciplinary play-based assessment: A functional approach to working with young children (revised edition). Baltimore: Brookes.

*Text used in previous course

COURSE OBJECTIVES

As a result of active participation and successful completion of course requirements, the student will be able to:

- Analyze, synthesize, and evaluate curricular approaches in early childhood education and early childhood special education.

- Articulate a personal philosophy of early care and education for young children with disabilities.

- Discuss team-based planning, implementation, and evaluation of curricular activities and individualized intervention for inclusive early care and education programs.

- Describe methods for adapting curricula, teaching strategies, and materials to meet the needs of infants and young children with a wide range of abilities, including low incidence disabilities.

- Provide a rationale for alternatives to traditional methods of assessment of development and learning in infants and young children and discuss the features, implementation, and evaluation of specific alternative approaches.

- Describe methods for monitoring a child's progress, including narrative descriptions, direct behavioral observation, work samples and portfolio assessment, and judgement-based assessment.

- Discuss assessment and design of physical environments to facilitate maximum independence and promote active engagement in play, exploration, social interactions, and learning opportunities for all infants and young children, including children with low incidence disabilities.

- Discuss the importance of play in the early childhood curriculum and describe methods to support and enhance children's play.

- Describe, compare, and contrast approaches for enhancing cognitive abilities in infants and young children.

- Identify state and national standards for mathematics education and discuss developmentally appropriate assessment strategies, instructional methods, materials, and activities for helping young children to acquire mathematical concepts.

- Discuss assessment and intervention strategies for enhancing parent-infant interactions and facilitating the processes of attachment, separation, and individuation.

- Discuss approaches and practices that parents and professionals can use to foster healthy emotional development in infants and young children.

- Discuss strategies that can be used to encourage peer interactions, social play, conflict resolution, and friendships among toddlers and preschoolers.

- Discuss developmentally appropriate indirect and direct guidance strategies to help infants and young children accept and regulate their emotions, use communication and negotiation skills to get their needs met and prevent or resolve conflicts, understand rules and limits, and engage in cooperative, constructive behavior.

- Discuss the process of developing, implementing, and evaluating systematic behavior change programs for young children who exhibit severe and persistent behavior difficulties.

- Discuss principles for designing effective assessment and intervention programs for communication and language development and describe appropriate assessment and intervention strategies for facilitating the acquisition and use of communication and language skills by infants and young children at different ability and age levels.

- Describe the various types of augmentative communication systems and discuss factors to consider in selecting an augmentative system and appropriate strategies to facilitate the use of augmentative communication by young children with low-incidence disabilities.

- Discuss the development of literacy in infants and young children; state and national standards for literacy education; curricular approaches to literacy learning; and developmentally appropriate assessment strategies, methods, materials, and activities for promoting emerging literacy in infants and young children, including children with low incidence disabilities.

- Discuss the scope and sequence of motor skill development from infancy to the early school years; effective assessment strategies; developmentally appropriate curricula, methods, activities, materials, and equipment to promote motor skill development and physical fitness in infants and young children, including children with low incidence disabilities.

- Discuss the normal development of feeding from birth to three years, causes of feeding problems, assessment strategies, and intervention techniques to facilitate the feeding process.

- Discuss nutritional issues for infants and young children and nutritional problems commonly encountered in infants and young children with disabilities.

- Discuss effective assessment and intervention strategies to promote the development of self-care, toileting, and adaptive skills in young children with disabilities.

- Discuss the development of creative expression, including art, music, and creative movement, in infants and young children and developmentally appropriate methods, materials, and activities for supporting and enhancing creative expression in infants and young children, including children with low incidence disabilities.

TEACHING METHODS

Group discussion, small group activities, group projects, presentations by guest lecturers, case studies, and videotapes, as well as lecture will be employed in this class. Assignments will be designed to provide direct experiences with course content and to extend learning about concepts and issues addressed in this course.

COURSE REQUIREMENTS

Attendance and Participation

Regular class attendance and active participation in class discussion and activities is expected of all students. Students are responsible for obtaining any information disseminated in a class they miss.

Course Readings

Students are expected to have read the assigned readings and to be prepared to discuss them in class. The assigned readings for each session are listed on the course schedule. Additional readings may be assigned by the instructor on an as-needed basis.

Cheating and Plagiarism

Each student is expected to abide by the policies listed in the University of Maine Online Student Handbook (http://www.umaine.edu/studenthandbk/firstpage.htm). Disciplinary action described in the handbook will be used with students who violate University Policy. **Cheating and plagiarism will not be tolerated and are cause for mandatory dropping of the course.** Plagiarism is presenting another's words or ideas as one's own. Quotation marks are to be used if someone else's exact words are used. If another's words or ideas are paraphrased, the original author is to be cited in the paper and reference section. Please refer to the American Psychological Association (APA) manual for specifics on plagiarism (pages 292-294) and properly quoting sources (pages 95-99). Any children or families involved in projects for the class will remain anonymous through the use of fictitious names. Students should obtain access to children's files by signing access forms prior to reviewing the files.

The current APA Manual does not provide examples of how to cite electronic sources. This information can be found at http://www.apa.org/journals/webref.html.

Assignments

The student's identification number is to be used on all projects and exams, except those pertaining to practicum. The assignments are to be turned in individually, **STAPLED**, **TYPED**, and **DOUBLE-SPACED**. A **COVER SHEET** with your number, project title, and date is to be **STAPLED** to the front of the project. All projects requiring references are to be **CITED and REFERENCED** in American Psychological Association (**APA**) style. Headers and page numbers should be used to organize the projects. **CAREFUL READING OF THE DIRECTIONS** to ensure each component of a project is covered is strongly recommended by the instructors. The student is responsible for effectively using his/her time to complete the projects on time.

Students with Disabilities

If the accommodations requested cannot be provided by the instructors, the student is responsible for contacting the University's disability liaison in writing. Documentation of the disability and requested accommodations may be necessary.

COURSE PROJECTS

Participation in On-Line Discussion

Each week a "Question of the Week" will be posted on the FirstClass conference folder for the course. These questions, which will be relevant to the course content, will pose a problem or a controversy. Students will propose a question for the week by posting one to the proper folder or giving the question to the instructor during class. The instructors will then select a question from those submitted. Students may contribute as frequently as they wish to the discussion. All students, however, will be expected to contribute at least five times over the 13-week session. The following scale will be used in assigning points: 5 posts equals 10 points, 4 posts equals 8 points, 3 posts equals 6 points, 2 posts equals 4 points, 1 post equals 2 points, and 0 posts equals 0 points.

Students will also be asked to provide the contact information for three resources for the class. These resources can be videos, books, agencies, brochures, websites, articles, curricular materials, or any other items they have found useful in providing services to children and families. The contact information for the resources given should be sufficient for other students to use in obtaining the resources for themselves. This information will be posted to a FirstClass folder.

Since familiarity with computer technology is a part of this course, students will be required to send and read attachments. This requirement is in addition to the previous semester's requirement of checking the FirstClass email by Thursday of each week in which class meets.

Statement of Philosophical Framework

Describe the philosophical framework that guides you in curricular development and in instructional decision making. Relate your framework to models, approaches, and theoretical perspectives in the fields of early intervention, early childhood education, and early childhood special education. Provide reference citations to these sources within the text and complete references in a reference list. Discuss what you believe are best practices in working with children and families. Provide a rationale for your framework and discuss implications for your professional work.

TO BE TURNED IN: A 4-6 page paper that explains your philosophical framework, including reference citations and a reference list.

Planning a Group Program for Infants, Toddlers, or Preschoolers

Prepare a developmentally appropriate environmental plan, daily schedule of activities, and a guidance plan for a group child care or educational setting. The setting can be your practicum setting or another setting. Complete an assessment of the current schedule and environmental arrangement. Use published assessment tools like the Early Childhood Environmental Rating Scale (ECERS), published guidelines (e.g., National Academy or Early Childhood Programs), and/or informal checklists, as well as information from course readings, lecture notes, and class discussion. Course readings, lecture notes, and class discussion, as well as other sources on developmentally appropriate guidance strategies should be utilized in developing the guidance plan. The project includes the following:

1. A daily schedule of activities and routines (redesign the current schedule, as needed). Provide a discussion of the needs of the children, families, and staff and how well the current schedule meets those needs. Also discuss your rationale for any changes proposed;
2. A plan for guiding infants/young children toward self-direction and positive self-esteem, and positive, cooperative behavior. The plan should consist of a philosophical statement and a set of guidelines to inform program staff and families about the child guidance policies of the program;
3. A scale drawing of the current environmental arrangement of a classroom that is part of the program;
4. A scale drawing of the current environmental arrangement of the outdoor space at the program;
5. Strengths and limitations of the current arrangement (as based on your assessment and other sources);
6. Recommendations for modifying or changing the current arrangement, **including necessary modifications to support the inclusion of children with low incidence disabilities**;
7. A scale drawing of the rearranged classroom;
8. A description of each activity/play area, including:
9. Examples of developmental skills and concepts which can be enhanced through participation in play and activities in the area and
10. A list of materials and/or equipment (including free or donated materials and/or adapted materials or equipment) appropriate for the area and the supplier (e.g., company, catalogue, store, website) and price of each item.
11. Grand total amount to be spent on classroom materials.

Note the following regarding selection of classroom materials:

- Select materials which are appropriate for the children's age group.
- Select materials which encourage all types of play and children's development and learning across all areas of the early childhood curriculum (e.g., play, cognition, mathematics, communication/language, emergent literacy, social-emotional, motor).
- Select materials which can be used by children with widely varying abilities (as appropriate to the group)and developmental levels.
- Select materials which represent children and adults with disabilities and diverse cultural and ethnic backgrounds.
- Select materials or suggest adaptations or modifications of materials as appropriate to the needs of children with motor, sensory, or other disabilities.
- You will have a (fictitious) budget of up to $3000 from which to purchase materials. **You may not exceed $3000**. Delivery charges and any other charges (nonprofit agencies are exempted from sales tax) must be paid from this budget.

- This assignment is to be carried out from the perspective of starting from scratch in obtaining materials. **All materials must be purchased out of the $3000 budget, with the following exceptions**: large furniture and equipment (e.g., tables, chairs, shelving units, changing table, large pieces of adaptive equipment); outdoor equipment; office supplies (copy paper, pencils, pens, file folders, etc.); some basic children's art supplies, including construction and easel paper, crayons, children's pencils and scissors (not adaptive scissors), tempera paint, and finger paint; and free and donated materials. You will also not need to purchase diapers, cleaning or paper supplies, and/or food for children's breakfasts, snacks, and/or lunches; the agency will provide these.

TO BE TURNED IN: A daily schedule of activities and discussion of the schedule, a classroom/agency child guidance plan, a scale drawing of the current environmental arrangement (indoor and outdoor), a discussion of strengths and limitations of the current arrangement, recommendations for changing the arrangement, a scale drawing of the rearranged classroom, descriptions of each activity/play area, and grand total amount of money to be spent on materials.

Curriculum Planning and Implementation Project

In this project each student will develop and implement a **one-week** curriculum plan that addresses the interests and needs of toddlers or preschoolers in a group child care or educational setting at both group and individual levels. The curriculum plan should reflect the student's understanding and application of appropriate curricular content, methods, materials, and activities across all areas of the early childhood curriculum. Students are to utilize forms that the instructor will provide for this project. The process to be used in completing this assignment will be fully explained in class on January 29th (morning session). The project involves the following steps:

1. Select 3 or 4 high-priority objectives for each child in the group with an IFSP and fill out the ***Goal/Objective Matrix***.
2. Identify an aspect of the world that is of interest to the children in the group, brainstorm ideas that are related to the topic, and narrow down the possibilities (see Hendrick, pages 64-69).
3. Plan curricular activities around the theme(s) and relevant concepts identified in Step 2 for a **one week period** and complete the ***Curriculum Planning Sheet***. Opportunities for children to practice high-priority objectives should also be considered when planning activities. **Activities must address at least six of the curriculum domains listed below, and all of the starred (*) domains:**
    - Play
    - Cognitive development
    - * Mathematics
    - * Social-emotional development
    - * Communication/language development)
    - * Literacy
    - Motor development
    - Adaptive/self-help development
    - Creative expression

4. Complete a ***Group Activity Schedule*** for **each day** including the daily activity periods and specific planned/routine activities for each day, the children's names, and high-priority objectives for each child. Teaching considerations or curricular modifications for embedding the objectives are listed at each intersection of a child's objective and a daily activity.
5. Prepare **six** Activity Plans and implement at least **four** of the plans (implementation can be over several weeks, if necessary). Group activity plans should include:
    - (a) Name of the Activity;
    - (b) Goals of the Activity (skills, concepts, and/or vocabulary)
    - (c) Needed Materials;
    - (d) Environmental Arrangements;
    - (e) Description of Activity (introduction, sequence of events, and closing);
    - (f) Individual Adaptations
    - (g) Planned Variations;
    - (h) Peer Interaction Strategies;
    - (i) Parent/Caregiver Input; and
    - (j) Evaluation of the Activity after it has been implemented (only required for the 4 activities to be implemented).

TO BE TURNED IN: Goal/Objective Matrix, Curriculum Planning Sheet, five (5)
Group/Activity Schedules, and six (6) Activity Plans.

Transdisciplinary Play-Based Assessment

With direction from the instructors, teams of students will plan a Transdisciplinary Play-Based Assessment (TPBA) which will be completed during a class session. Arrangements will be made for a child to be brought by his/her parent so that the evaluation may be carried out at a center. With the instructors present for technical assistance, the teams will be responsible for using the TPBA to assess the child. Once the assessment is complete, the team will spend the remaining portion of the class preparing a report of the assessment and developing recommendations for intervention based on the assessment findings. Students may refer to the Appendix in the Transdisciplinary Play-Based Assessment manual (Linder, 1993) for help in writing the assessment. The assessment should be videotaped by the students to assist in the process. The grade for this project will be based on the total effort of the group, as well as the individual student's contribution, as represented by the report and assessment.

TO BE TURNED IN: A group assessment report.

Individual Intervention Plans

Students will develop a total of **10 Individual Intervention Plans. Six** of the plans to be turned in will be based on in-class discussion by teams of students and will be based on children who are served in students' programs, case studies, or children assessed as part of the in-class implementation of the Transdisciplinary Play-Based Assessment. Time will be provided during class sessions to discuss the needs of the child and to develop intervention and evaluation strategies. Each student will then prepare and turn in a plan based on the discussion **or** the group may turn in a plan. **Four** additional plans will be developed for one or more children in the student's practicum setting and will be **implemented with the child.**

If a student wishes to present to the group a child on her caseload, the following information must be provided and confidentiality maintained at all times.
- Fictitious name
- Age
- Disability
- Developmental ages for domains
- Family constellation
- Environmental considerations
- Family preferences for child outcomes
- Child's daily weekday schedule
- Assessment information

Generally, the following should be included in Individual Intervention Plans (however, additional information or a different format may be provided in class for particular areas of intervention):
1. instructional objective and sequence
2. instructional considerations (e.g., context for instruction; prompting/facilitation procedures; occasions for incidental teaching; special equipment, adaptations of materials, or equipment; consequences)
3. procedures for evaluating child progress
4. child progress data (including design of data collection form)*
5. summary and interpretation of the data

* Required for the four (4) plans the student is to implement

Plans should focus on at least 6 of the following areas:
- Play
- Cognitive development/preacademic skills
- Communication/language
- Augmentative communication
- Parent-infant interaction
- Peer interaction
- Behavior change
- Feeding
- Adaptive/self-help skills
- Motor skills

TO BE TURNED IN: 10 Individual Intervention Plans

Research Paper

Students will select either a curriculum domain (e.g., art, emergent literacy, mathematics, adaptive skills, social-emotional development) or an intervention focus (e.g., augmentative communication, nutrition, self-care skills) for infants and young children with low incidence disabilities and review relevant research studies and other scholarly literature. Prepare a 10-15 page paper using APA formatting.

TO BE TURNED IN: A 10-15 page paper reviewing the literature on the selected topic.

Leading Class Discussion

Students will have the opportunity to select an area of interest from this course's topics and team with the instructor in leading the class's discussion. Only one student per topic and the topics are the smaller areas (ex. Alternative/augmentative communication) under the broader areas (ex. Communication). Selections should be made as soon as the syllabus is available so that students can choose from the first session, if they so desire. Time will also be needed to prepare with the instructor to present. The student will be asked to find at least two resources on her own, with the help of the instructor, and read these and the instructor's resources. Then, the instructor and student will plan how the information will be presented. The planning can occur over the phone or via email. Students will evaluate one another's presentations.

TO BE TURNED IN: An annotated bibliography of resources, copies of articles used, and an outline of the presentation.

Resource File

Continue to develop the resource file, with particular attention to materials and information pertinent to curricular approaches and content areas. Your resource file should include scholarly work, such as journal articles; reports of research; monographs; and literature reviews; as well as other types of materials, such as brochures and flyers; activities for infants and children; handouts to use with parents; catalogs of adaptive equipment and assistive technology, professional books, and classroom equipment and materials.

TO BE TURNED IN: Nothing will be turned in for the resource file, though students are still expected to continue work on it. Resource information will be provided by the students on-line (see On-line discussion project).

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this course are designed to help you meet program competency requirements and to provide documentation of your achievement of those competencies. The Student Competency Guide lists competencies emphasized in this course and course projects and assignments which can be used to document those competencies in your program portfolio.

EVALUATION OF LEARNING

Evaluation of Course Projects/Assignments

Specific criteria and procedures for the assignments are given in the syllabus. In order to receive a satisfactory grade (i.e., "B" or better), all critical objectives must be achieved at a criterion level sufficient to demonstrate mastery. A grade of "I" will be given only under extenuating circumstances. The student will have to demonstrate to the instructors why an assignment could not be completed by the due date and a new due date will be chosen by the instructors. It is the student's responsibility to let the instructors know before assignments are due that extenuating circumstances prevented him/her from completing the work. The assignments from one class should be completed before the start of the next course.

Point Values

Assignment	*Possible Points*
On-line Discussion	10
Philosophical Framework	25
Planning a Group Program	30
Curriculum Planning/Implementation Project	30
TPBA Assessment Report	30
Individual Intervention Plans (10 @ 10 points each)	100
Research Paper	35
Leading Class Discussion	30
Sharing Resources (3)	10
Total Points	**300**

Criteria for Final Grade:

A = 300 to 270 points
B = 269 to 240 points
C = 239 to 210 points
D = 209 to 180 points
F = below 180 points

TOPICAL UNITS AND READING ASSIGNMENTS

Friday, January 28, 4:00-8:00 p.m.

Course Overview
Issues in Curriculum Development
Historical and Theoretical Perspectives
Issues in Curriculum Development
Curricula for Inclusive Early Care and Education

Required Reading: Hendrick, 1; Mallory & New (1994); Safford, Sargent, & Cook (1994); Spodek & Brown (1993)

Hendrick, J., (1998). The purpose of curriculum. Chapter 1

Mallory, B. L., & New, R. S. (1994). Social constructivist theory and principles of inclusion: Challenges for early childhood special education. Journal of Special Education 28(3), 322-337.

Safford, P. L., Sargent, M., & Cook, C. (1993). Instructional models in early childhood special education: Origins, issues, and trends. In P. L. Safford, B. Spodek, & O. N. Saracho (Eds.,) Yearbook in early childhood education: Vol. 5. Early childhood special education (pp. 96-117). New York: Teachers College Press.

Spodek, B., & Brown, P. C. (1993). Curriculum alternatives in early childhood education: A historical perspective. In B. Spodek (Ed.), Handbook of research on the education of young children (pp. 91-104). New York: Macmillan.

Saturday, January 29, 8:00 a.m.-5:00 p.m.

Morning — ***Planning and Organizing the Program***

Relationship Between Individualized and Group Planning
Implementing Activity-Based Intervention in a Group
Setting
Curriculum Planning: The What, How, and When
Modifying and Expanding the Curriculum
Planning for Infants and Toddlers
Planning for Preschoolers

Required Readings: Hendrick, 4, 16; Keenan (1998); O'Brien, 1-4 McCormick & Feeney (1995); Wien & Kirby-Smith (1998); Workman & Anziano (1993)

Supplemental Readings: Bricker et al., 5, 6; Hendrick, 19

Bricker, D. (1998). Chapters 5 and 6.

Hendrick, J. (1998). Planning for total learning: Creating supportive curriculum plans and schedules, Chapter 4.

Hendrick, J. (1998). Putting it all together for a good group time. Chapter 16

Hendrick, J. (1998). Making special celebrations part of the life of the school. Chapter 19.

Keenan, M. (1998). Making the transition from preschool to infant/toddler teacher. Young Children, 53(2), 5-11.

O'Brien, M. (1997). Chapters 1-4.

McCormick, L., & Feeney, S. (1995). Modifying and expanding activities for children with disabilities. Young Children, 50(4), 10-17.

Wien, C. A., & Kirby-Smith, S. (1998). Untiming the curriculum: A case study of removing clocks from the program. Young Children, 53(5), 8-13.

Workman, S., & Anziano, M. C. (1993). Curriculum webs: Weaving connections from children to teachers. Young Children, 48(2), 4-9.

Afternoon *Designing and Evaluating Physical Environments*

Assessing Environments
Designing Environments for Infants and Toddlers
Designing Environments for Preschoolers
Making Environments Accessible for All Children

Required Reading: Bailey & Wolery, 7; Hendrick, 5; Henniger (1994); McLean et al., 9; O'Brien, p. 69-77

Supplemental Reading: Lowman & Ruhmann (1998)

Bailey, D., & Wolery, M. (1992). Designing and arranging environments for infants and preschoolers with disabilities. Chapter 7.

Hendrick, J. (1998). Designing the supportive environment. Chapter 5.

Henniger, M. L. (1994). Planning for outdoor play. Young Children, 49(4), 10-15.

Lowman, L. H., & Ruhmann, L. H. (1998). Simply sensational spaces: A multi-"S" approach to toddler environments. Young Children, 53(3), 11-17

McLean, M., Bailey, D. B., & Wolery, M. (1996). Assessing environments, Chapter 9 (J. M. Karp).

O'Brien, M. (1997). Organizing inclusive infant-toddler care. Chapter 4, p. 69-77.

Friday, February 11, 4:00-8:00 p.m.

Alternative Approaches to Assessment

Overview of Alternative Methods and Procedures
Methods of Direct Observation
Portfolio Assessment
Judgement-Based Assessment
TPBA Video

Required Reading: Gronlund (1998); Linder 1-5; Myers, McBride, & Peterson (1996)

Gronlund, G. (1998). Portfolios as an assessment tool: Is collection of work enough? Young Children 53(3), 4-10.

Linder, T. W. (1993). Introduction, Chapter 1.

Linder, T. W. (1993). Traditional assessment and Transdisciplinary Play-Based Assessment: A comparison, Chapter 2.

Linder, T. W. (1993). Play, assessment, and transdisciplinary process: Why each is important, Chapter 3.

Linder, T. W. (1993). Conducting the play session, Chapter 4.

Linder, T. W. (1993). Interpreting the observations and planning for intervention, Chapter 5.

Myers, C. L., McBride, B. L., & Peterson, C. A. (1996). Transdisciplinary, play-based assessment in early childhood special education: An examination of social validity. Topics in Early Childhood Special Education, 16(1), 102-126.

Saturday, February 12, 8:00 a.m.-5:00 p.m.

Morning

Communication and Language
Traditional and Alternative Methods of Assessment
The Social-Communicative Context
Strategies for Enhancing Communication and Language Abilities

Required Reading: Bailey & Wolery, 10; Linder, 8; McLean et al., 12; Reichle (1997)

Bailey, D. B., & Wolery, M. (1992). Facilitating the acquisition and use of communication skills, Chapter 10.

Linder, T. W. (1993). Observation of communication and language development, Chapter 8.

McLean, M., Bailey, D. B., & Wolery, M. (1996). Assessing communication skills, Chapter 12 (E. R. Crais, J. E. Roberts).

Reichle, J. (1997). Communication intervention with persons who have severe disabilites. The Journal of Special Education, 31(1), 110-134.

Afternoon

Communication and Language
Audiological Assessment
Hearing Aids
Alternative/Augmentative Communication
Considerations for Children with Low Incidence Disabilities

Required Reading: McLean et al., 6 (p. 124-138); Parette, Dunn, & Hoge (1995)

Parette, H. P., Dunn, N. S., & Hoge, D. R. (1995). Low-cost communication devices for children with disabilities and their family members. Young Children, 50(6), 75-81.

McLean, M., Bailey, D. B., & Wolery, M. (1996). Screening and assessment of sensory functions, Chapter 6, p. 124-138 (M. B. Langley).

Friday, February 25, 4:00-8:00 p.m.

Supporting Children's Play
Observing and Assessing Play
Play Support Strategies
Assistive Technology Issues

Required Reading: Gowen (1995); Hendrick, 3; Lane & Mistrett (1996); McLean et al., 14; O'Brien, 5

Supplemental Readings: Bauer & Dettore (1997)

Bauer, K. L., & Dettore, E. (1997). Superhero play: What's a teacher to do? Early Childhood Education Journal, 25, 17-21.

Gowen, J. W. (1995). The early development of symbolic play. Young Children, 50(3), 75-84.

Hendrick, J. (1998). Play: The integrative force in learning, Chapter 3.

Lane, S. J., & Mistrett, S. G. (1996). Play and assistive technology issues for infants and young children with disabilities: A preliminary examination. Focus on Autism and Other Developmental Disabilities, 11(2), 96-104.

McLean, M., Bailey, D. B., & Wolery, M. (1996). Assessing play skills, Chapter 14 (K. Lifter).

O'Brien, M. (1997). Exploration and experience, Chapter 5.

Saturday, February, 26, 8:00 a.m.-5:00 p.m.

Morning ***Alternative Approaches to Assessment***
Transdisciplinary Play-Based Assessment:
Teams of students will carry out a TPBA

Afternoon ***Alternative Approaches to Assessment***
Transdisciplinary Play-Based Assessment: Post-Session Meeting, Develop Recommendations

Friday, March 10, 4:00-8:00 p.m.

Social-Emotional Development: Caregiver-Infant Interaction
Issues in Assessment and Intervention
Methods of Assessing Caregiver-Infant Interaction
Intervention Approaches

Required Reading: Bailey & Wolery, p. 261-271; Carmen (1994); Mahoney, Spiker, & Boyce (1996); McCollum & Yates (1994); McLean et al., 13

Supplemental Reading: Munson & Odom (1996)

Bailey, D. B., & Wolery, M. (1992). Promoting social competence, Chapter 9, p. 261-271.

Carmen, S. (1994). Attachment intervention. Infants and Young Children, 7(1), 34-41.

Mahoney, G., Spiker, D., & Boyce, G. (1996). Clinical assessments of parent-child interaction: Are professionals ready to implement this practice? Topics in Early Childhood Special Education, 16(1), 26-50.

McCollum, J. A., & Yates, T. J. (1994). Dyad as focus, triad as means: A family-centered approach to supporting parent-child interactions. Infants and Young Children, 6(4), 54-63.

McLean, M., Bailey, D. B., & Wolery, M. (1996). Assessing social performance, Chapter 13 (S. L. Odom, L. J. Munson).

Munson, L. J., & Odom, S. L. (1996). Review of rating scales that measure parent-infant interaction. Topics in Early Childhood Special Education, 16 (1), 1-25.

Saturday, March 11, 8:00 a.m.-5:00 p.m.

Morning *Social-Emotional Development: Peer Relationships*
Assessing Peer Social Competence
Supporting Peer Interaction, Social Play, and Friendships

Required Reading: Doctoroff (1995); Guralnick (1993); McEvoy, Odom, & McConnell (1992); McLean et al., 13

Supplemental Reading: Luetke-Stahlman (1994); Skellenger, Hill, & Hill (1992)

Doctoroff, S. (1996). Supporting social pretend play in young children with disabilities. Early Child Development and Care, 119, 27-38.

Guralnick, M. J. (1993). Developmentally appropriate practice in the assessment and intervention of children's peer relations. Topics in Early Childhood Special Education, 13(3), 344-371.

McEvoy, M. A., Odom, S. L., & McConnell, S. R. (1992). Peer social competence intervention for young children with disabilities. In S. L. Odom, S. R. McConnell, & M. A. McEvoy (Eds.), Social competence of young children with disabilities: Issues and strategies for intervention (pp. 113-133). Baltimore: Brookes.

Luetke-Stahlman, B. (1994). Procedures for socially integrating preschoolers who are hearing, deaf, and hard-of-hearing. Topics in Early Childhood Special Education, 14(4), 472-487.

Skellenger, A. C., Hill, M., & Hill, E. (1992). The social functioning of children with visual impairments. In S. L. Odom, S. R. McConnell, & M. A. McEvoy (Eds.), Social competence of young children with disabilities: Issues and strategies for intervention (pp. 165-188). Baltimore: Brookes.

Afternoon *Social-Emotional Development: Attachment and Emotional Competence*

- Promoting Attachment, Separation, and Individuation
- Attachment Disorders
- Fostering Emotional Competence

Required Reading: Gowen & Nebrig, (1997); Hendrick, 11; Marion (1997)

Gowen, J. W., & Nebrig, J. B. (1997). Infant-mother attachment at risk: How early intervention can help. Infants and Young Children, 9(4), 62-78.

Hendrick, J. (1998). Achieving emotional competence, Chapter 11.

Marion, M. (1997). Guiding young children's understanding and management of anger. Young Children, 52(7), 62-67.

Friday, March 24 4:00-8:00 p.m.

Emergent Literacy

- Informal and Ongoing Assessment Strategies
- Strategies and Approaches to Support Emergent Literacy
- Supporting Emergent Literacy in Children with Low Incidence Disabilities

Required Reading: Hart et al, (Reutzel), 9; Hendrick, 15; Soundy (1997); Vukelich (1997); Watkins & Bunce (1996)

Supplemental Reading: Andrews & Zmijewski (1997); McMullen (1998); Stratton (1996)

Andrews, J. F., & Zmijewski, G. (1997). How parents support home literacy with deaf children. Early Child Development and Care, 127-128, 131-139.

Hart, C. H., Burts, D. C., & Charlesworth, R. (1997). Integrating literacy learning for young children: A balanced literacy perspective, Chapter 9 (D. R. Reutzel).

Hendrick, J. (1998). Developing verbal competence, Chapter 15.

McMullen, M. B. (1998). Thinking before doing: A giant toddler step on the road to literacy. Young Children, 53(3), 65-70.

Soundy, C. S. (1997). Nurturing literacy with infants and toddlers in group settings. Childhood Education, 73(3), 149-153.

Stratton, J. M. Emergent Literacy: A New Perspective. Journal of Visual Impairment & Blindness. v90 n3 p177-83 May-Jun 1996. EJ526003

Vukelich, C. (1997). Assessing young children's literacy: Documenting growth and informing practice. The Reading Teacher, 50(5), 430-434.

Watkins, R. V., & Bunce, B. H. (1996). Natural literacy: Theory and practice for preschool intervention programs. Topics in Early Childhood Special Education, 16(2), 191-212.

Saturday, March 25, 8:00 a.m.-5:00 p.m.

Morning *Enhancing Cognitive Development*

- Assessing Cognitive Development
- Approaches for Facilitating Cognitive Development
- Promoting Cognitive Development in Infants and Toddlers
- Promoting Cognitive Development in Preschoolers
- Promoting Cognitive Development in Children with Low Incidence Disabilities

Required Reading: Bailey & Wolery, 15 (521-543); Hartman & Eckerty (1995); Hendrick, 17, 18; McLean et al., 10; Recchia (1997)

Supplemental Reading: LeeKeenan & Edwards (1992); Linder, 6

Bailey, D. B., & Wolery, M. (1992). Promoting functional cognitive skills, Chapter 15, p. 521-543.

Hartman, J. A., & Eckerty, C. (1995). Projects in the early years. Childhood Education, 71(3), 141-148.

Hendrick, J. (1998). Helping children learn to think for themselves: Using the emergent approach, Chapter 17.

Hendrick, J. (1998). Building for future academic competence: Developing midlevel mental abilities, Chapter 18.

LeeKeenan, D., & Edwards, C. P. (1992). Using the project approach with toddlers. Young Children, 47(4), 31-35.

Linder, T. W. (1993). Observation of cognitive development, Chapter 6.

McLean, M., Bailey, D. B., & Wolery, M. (1996). Assessing cognitive development, Chapter 10.

Recchia, S. L. (1997). Play and concept development in infants and young children with severe visual impairments: A constructivist view. Journal of Visual Impairments & Blindness, 91(4), 401-406.

Afternoon

Emergent Mathematics and Science
Ongoing Assessment of Mathematical Learning
Developmentally Appropriate Methods, Materials, and Activities
Supporting Mathematical Learning in Young Children with Disabilities
Science for Preschoolers

Required Reading: Brewer, 1998; Hart et al. 3; Patton & Kokoski (1996); Pearlman & Pericak-Spector (1995)

Supplemental Reading: Hart et al., 4; Huffman (1996); Meriwether (1997); Schwartz (1994) Sprung (1996)

Brewer, J. A. (1998). Manipulation and discovery: Mathematics. In J. A. Brewer, Introduction to early childhood education: Preschool through primary grades. Boston: Allyn & Bacon.

Hart, H., Burts, D. C., & Charlesworth, R. (1997). Mathematics in the developmentally appropriate integrated classroom, Chapter 3 (R. Charlesworth).

Hart, H., Burts, D. C., & Charlesworth, R. (1997). Science in the developmentally appropriate integrated classroom, Chapter 4 (K. K. Lind).

Huffman, A. B. (1996). Beyond the weather chart: Weathering new experiences. Young Children, 51(5), 34-37.

Meriwether, L. (1997). Math at the snack table. Young Children, 52(5), 69-73.

Patton, M. M., & Kokoski, T. M. (1996). How good is your early childhood science, mathematics, and technology program? Young Children, 51(5), 38-44.

Schwartz, S. L. (1994). Calendar reading: A tradition that begs remodeling. Teaching Children Mathematics, 1(2), 104-109.

Sprung, B. (1996). Physics is fun, physics is important, and physics belongs in the early childhood curriculum. Young Children, 51(5), 29-33

Friday, April 14, 4:00-8:00 p.m.

Child Guidance/Behavior Issues
A Guidance Approach to Discipline
Combining Developmental and Behavioral Techniques
Developing, Implementing, and Evaluating Behavior Change Plans

Required Reading: Bailey & Wolery, 11; Eaton, (1997); Gartrell (1997); Hendrick, 12; Neilse, Olive, Donovan, & McEvoy (1998); O'Brien, 7

Bailey, D. B., & Wolery, M. (1992). Preventing and responding to problem behavior, Chapter 11.

Eaton, M. (1997). Positive discipline: Fostering the self-esteem of young children. Young Children, 52(6), 43-46.

Gartrell, D. (1997). Beyond discipline to guidance. Young Children, 52(6), 34-42.

Hendrick, J. (1998). Getting along together: Achieving competence in interpersonal relations, Chapter 12.

Neilsen, S. L., Olive, M. L., Donovan, A., & McEvoy, M. (1998). Challenging behaviors in your classroom? Don't react – teach instead. Young Exceptional Children, (2)1, 2-10.

O'Brien, M. (1997). Responsive guidance for infants and toddlers. Chapter 7.

Saturday, April 15th, 8:00 a.m.-5:00 p.m.

Morning

Feeding and Nutrition
Feeding Problems and Strategies
Nutritional Problems for Infants/Children with Disabilities and/or Health Impairments
Promoting Self-Feeding Skills

Readings: Bailey & Wolery, 13; Litchfield, Brotherson, Oakland, & McClintic (1995); O'Brien, 8

Bailey, D. B. (1992). Feeding and nutritional issues, Chapter 13.

Litchfield, R., Brotherson, M. J., Oakland, M. J., & McClintic, K. (1995). Meeting the nutritional needs of infants and toddlers with disabilities: role of the nutritionist on the early intervention team. Infant-Toddler Intervention, 5(4), 353-365.

O'Brien, M. (1997). Food and nutrition, Chapter 8.

Afternoon

Adaptive/Self-Help Skills

Assessing Adaptive and Self-Help Skills
Toilet Training
Dressing/Undressing
Adaptive Skills
Adapting Skills and Routines for Children with Low Incidence Disabilities

Required Reading: Bailey & Wolery, 14; Dote-Kwan (1995); McLean et al., 15; O'Brien, 9

Bailey, D. B., & Wolery, M. (1992). Teaching toileting and adaptive skills, Chapter 14.

Dote-Kwan, J. (1995). Teaching daily living skills. In D. Chen & J. Dote-Kwan (Eds.), Starting points: Instructional practices for young children whose multiple disabilities include visual impairment (pp. 73-78). Los Angeles: Blind Children's Center.

McLean, M., Bailey, D. B., & Wolery, M. (1996). Assessing adaptive behavior, Chapter 15 (E. M. Horn & A. Childre).

O'Brien, M. (1997). Diapering and toilet training, Chapter 9.

Friday, April 27th, 4:00-8:00 p.m.

Promoting Motor Development

Assessing Motor Development
Planning the Motor Development Curriculum
Creative Movement
Teaching Functional Fine Motor and Gross Motor Skills
Promoting Participation by Children with Low Incidence Disabilities

Reading: Bailey & Wolery, 12; Benelli & Yongue (1995); Hendrick, 9; Zanandrea (1998)

Supplemental Reading: Hart, 6; Linder, 9

Bailey, D. B., & Wolery, M. (1992). Facilitating motor skills, Chapter 12.

Bennelli, C., & Yongue, B. (1995). Supporting young children's motor skill development. Childhood Education, 71(4), 217-220.

Hart, C. H., Burts, D. C., & Charlesworth, R. (1997). Physical education in the developmentally appropriate integrated classroom, Chapter 6 (V. G. Payne & J. E. Rink).

Hendrick, J. (1998). Developing physical competence, Chapter 9.

Linder, T. W. (1993). Observation of sensorimotor development, Chapter 9.

Zanandrea, M. (1998). Play, social interaction, and motor development: Practical activities for preschoolers with visual impairments. Journal of Visual Impairment and Blindness, 92(3), 176-188.

Saturday, April 28th, 8:00 a.m.-5:00 p.m.

Morning *Creative Expression in Early Childhood*
Fostering Creativity
Visual Arts
Music

Readings: Achilles (1999); Engel (1996); Hendrick, 14; Hildebrandt (1998); Honig (1995);

Supplemental Reading: Hart et al., 5, 8; Koster (1999)

Achilles, E. (1999). Creating music environments in early childhood programs. Young Children, 54(1), 21-26.

Engel, B. S. (1996). Learning to look: Appreciating child art. Young Children, 51(3), 74-79

Hart, C. H., Burts, D. C., & Charlesworth, R. (1997). Music in the developmentally appropriate integrated classroom, Chapter 5 (S. H. Kenney).

Hart, C. H., Burts, D. C., & Charlesworth, R. (1997). Visual arts in the developmentally appropriate integrated classroom, Chapter 8 (C. Colbert).

Honig, A. S. (1995). Singing with infants and toddlers. Young Children, 50(5), 72-78.

Koster, J. B. (1999). Clay for little fingers. Young Children, 54(2), 18-22.

Afternoon *Catch-Up, Course Summary, and Evaluation*

SYLLABUS
SEI 505
Early Intervention Practicum I

FALL, 1999

CATALOG DESCRIPTION

Planning, implementing, and evaluating intervention for infants and young children with disabilities and their families. Requires participation as an early intervention team member. Prerequisite: Enrollment in Assessment, Intervention, and Program Planning for Early Intervention I.

COURSE DESCRIPTION

This **3-credit** practicum is designed to be taken concurrently with SEI 503, (Assessment, Intervention, and Program Planning for Early Intervention I). The emphasis of the practicum is on planning, implementing, and evaluating intervention for infants and young children with disabilities and their families. Students are expected to participate as a member of an early intervention team in a program or agency that provides services to children ages birth to age 5 and their families.

COURSE

Credit: 3 semester credits
Prerequisites: Enrollment in the grant Rural Early Intervention Specialists for Low Incidence Disabilities and Assessment, Intervention, and Program Planning for Early Intervention I.

COURSE OBJECTIVES

As a result of active participation and successful completion of practicum requirements, the student will be able to:

1. Participate in and evaluate child find and screening activities.

2. Select, administer, score, and interpret criterion-referenced, curriculum-based and norm-referenced instruments to assess the development of infants and young children with disabilities.

3. Summarize and integrate assessment information into recommendations for intervention with infants and young children with disabilities and their families.

4. Assist families to identify their resources, priorities, and concerns.

5. Collaborate with families and other team members to develop, implement, and evaluate IFSPs.

6. Develop appropriate family outcomes and child instructional goals and objectives in collaboration with families and other professionals.

7. Plan, implement, and evaluate activity-based intervention for infants and young children with disabilities in collaboration with the child's family.

8. Plan, conduct, and evaluate home visits with families.

9. Use strategies that document a child's progress, and evaluate whether or not stated objectives have been achieved.

10. Collaborate with other team members to plan, implement, and evaluate effective intervention approaches and strategies to facilitate and enhance neuromotor, cognitive, and communication development in infants and young children with disabilities.

11. Collaborate with other team members to plan, implement, and evaluate effective assessment and intervention techniques to meet the needs of infants and young children with neuromotor impairments, medically fragile/complex conditions, multiple or severe disabilities, hearing loss, and/or visual impairments and their families.

12. Evaluate personal strengths and needs as they relate to the multiple roles of an early intervention specialist.

13. Effectively disseminate information in both oral and written form.

PRACTICUM SUPERVISION

Students will be assigned to a REIS/LID faculty member who will supervise the student in the practicum setting. The goal of supervision is to support the student's growth and development as an early intervention specialist. The supervisor will not only provide feedback based on the observation, but will also assist the student to reflect upon the intervention process. The focus is on engaging the student in a collaborative problem-solving process. All observations will be arranged in advance. The supervisors will often travel long distances to observe students and will have very tight schedules. Thus, it is important that students closely coordinate their practicum schedules with their supervisors.

PRACTICUM REQUIREMENTS

Basic Expectations

Students will regularly attend the settings in which they complete their practicum requirements and will conduct themselves in a propfessional manner. This included being punctual, completing all the tasks to which they commit in a timely manner, and maintaining the confidentiality of the child(ren) and family(ies) at all times.

Practicum Setting

The practicum setting should be a program or agency that provides early intervention services to children ages birth to 5 (not including kindergarten). Students may carry out the practicum requirements in their own work setting, as long as the setting meets the above parameters.

Required Clock Hours

All students must complete a minimum of **180 clock hours** of direct contact **this semester** with children, family members, program staff, and/or other program providers (as directly related to the needs of children in the practicum setting). Students should maintain a record documenting the hours and activities associated with practicum projects (see **Practicum Hours Sheet**). Traditional one-to-one therapy and program administrative tasks cannot be counted toward the 180 hours.

Providing Direct Services to Children and Families

All students should be involved in providing direct services to children and families in an early intervention program that serves infants and young children ages birth to 5. This may include:

- Home visits to children and caregivers;
- Working with children in child care, preschool, Head Start, or other center-based settings;
- Participating in child find and screening activities;
- Implementing child assessments individually or as part of a team;
- Participating in team meetings; and
- Collaborating with other team members or staff in home or center-based settings as part of the intervention process.

Working with Infants and Toddlers

All students must participate in the provision of direct services to children ages birth through 2 years with disabilities and their families for a minimum of **90 clock hours** over the two semesters of practicum (Fall and Spring). The 90 hours may be distributed any way over the two semesters (e.g., 90 hours in one of the semesters, 45 hours in each semester, 30 hours one semester and 60 hours the other semester). Students will be expected to participate or assist in all aspects of intervention for infants and toddlers (e.g., assessment, the IFSP process, planning and implementing intervention activities, making home visits). Assistance will be provided to help students identify appropriate field placements.

Working with Children with Low Incidence Disabilities

All students are expected to develop additional skills in working with children with low incidence disabilities. The **Low Incidence Checklist** provides a list of skills to help students identify low incidence skill areas on which to focus. The supervisors will assist students, as needed, to link with professionals with expertise in various low incidence areas (e.g., vision specialist, teacher of the deaf, physical therapist). These specialists will provide students with opportunities to observe their work and gain direct experience, as well. They can also observe and provide feedback on students' performance of checklist skills.

Assignments

The student's identification number is to be used on all projects and exams. **DO NOT PUT YOUR NAME ON ANY PAPERS TURNED IN TO THE INSTRUCTORS.** The assignments are to be turned in individually, **STAPLED**, **TYPED**, and **DOUBLE-SPACED**. A **COVER SHEET** with your number, project title, and date is to be **STAPLED** to the front of the project. Headers and page numbers should be used to organize the projects. **CAREFUL READING OF THE DIRECTIONS** to ensure each component of a project is covered is strongly recommended by the instructors. Students are responsible for effectively using his/her time to complete the projects on time.

Students with Disabilities

If the accommodations requested cannot be provided by the instructors, the student is responsible for contacting the University's disability liaison in writing. Documentation of the disability and requested accommodations may be necessary.

Course Evaluation

Students will be asked to evaluate the practicum experience, including the structure and organization of the practicum and the supervision provided by the project faculty. A rating form will be provided at mid-semester and at the end of the semester.

PRACTICUM PROJECTS

Due dates have been set for when projects are to be turned in to the instructors. The instructors will also provide dates during the course of the semester by which portions of projects should be completed. This measure is used to assist students in keeping up with the work and to assure them that the work can be done, if approached in pieces.

Reflective Journal

Students will maintain a journal in which they reflect on the readings, class discussions, lectures, and/or activities for each topic examined in this course and their interactions with children and families in their practicum settings. Students may consider the following questions when writing responses. Students are required to write in their journals at least once a week, on average. A handout, as well as these questions, have been provided to assist in organizing thoughts.

Class Readings, Lectures, Discussions, and Activities

- What were the important issues and points made by the instructor, guest presenters, student presenters and/or assigned reading material?
- Is the perspective or content new or unfamiliar to me?
- What new things did I learn from reading this material (or listening to this presentation or participating in this activity)?
- How does the information or perspective fit with, or contradict, what I already know or believe?
- In what ways does the information or perspective shed new light on concerns I have about my program or particular children?

Practicum

- What worked? What did not work? Why did or didn't it work? What could I have done differently? How might that have influenced the outcome?
- What did I do well? What areas do I need to improve?
- What did I learn about the child, the family, the intervention process, and/or myself as an interventionist?
- Why did this particular episode stand out to me?
- How have I applied, or could apply, information or perspectives from course (SEI 503) readings, discussions, guest lecturers or from the literature review project?

Students should record the date, length, setting, and persons involved for each practicum session. **Do not use children's or families' real names in entries. Use pseudonyms or initials.**

Home Visits

Students will provide **at least 3 home visits** to one family over the semester. The student will schedule the visits for times that are mutually convenient, develop a mutually agreed upon plan with the caregiver(s), and document observations about what occurred. **Notes should be made during or after each visit to document the child and family response to the home-based intervention services.** Each write-up should be 2-3 pages in length.

Videotaped Teaching Evaluations

Students will make two videotapes of themselves working with a child during a play-oriented activity. An **Observation Guide** will be provided to assist the students in examining their interactions with the children and the interaction/teaching strategies they used. **Using the Observation Guide, students will evaluate the interactions on their own videos. Students will then exchange videos with another student and provide feedback on the peer's video.** The write-ups should be 2-3 pages in length.

Participation in Child Find and Screening Activities

Students should be actively involved in the child find and screening process. This includes public awareness and casefinding activities, as well as planning comprehensive screening programs, organizing screening clinics, administering screening tests and procedures, and scoring and interpreting screening results. Because child find and screening programs vary greatly across the state, **each student should submit an individual plan** describing the child find/screening activities in which the student will participate. **Students should prepare a write-up of their involvement, including evaluation of the effectiveness of the child find and screening activities in which they participated.** The write-up may be 3-5 pages in length.

Assessment for Programmatic Purposes

Students should be actively involved in the process of assessment for program planning (i.e., determining goals and objectives). This will involve collecting information about (a) the child's developmental skills and behaviors, (b) the family's concerns, priorities, and preferences for their child, and (c) environmental information. Multiple methods are to be used to collect this assessment information, including norm-referenced, criterion-referenced, and/or curriculum-based multiple domain assessment tools, observations, anecdotal records, work samples, behavior and/or communication samples, family interviews or questionnaires, and/or ecological inventories. **Prepare reports for two children summarizing the assessment methods used, the results, and how this information will be or was used by the team to make programming decisions for each child. Also prepare goals and/or objectives for each child that relate directly to the results of the assessment.** A

Report Writing Guide will be provided to assist students in completing this report. Each report should be within 8-12 pages in length.

Assessment of Family Resources, Priorities, and Concerns

Students should use a variety of methods to assist families to assess their resources, priorities, and concerns. Family assessment information is used to help families identify the kinds of services, resources, or information they would like to receive, as well as the desired outcomes of early intervention. Methods include informal communication with family members, semistructured interviews/discussions, and caregiver-completed surveys and rating scales, depending on the **family's preferences** for sharing information. **Prepare a report for two families, (a) discussing the methods used; (b) an evaluation of your communication skills and the effectiveness of the strategies used; (c) what you learned about the family's resources, priorities, and concerns; and (d) how the information will be or was used to determine services and goals in collaboration with each family.** Also include, as appropriate to each family, **mutually agreed upon family outcomes** that relate directly to your discussions with the family. This report should be 5-7 pages in length.

Participation in the IFSP Process

Students should participate as a team member in the development, implementation, and review of IFSPs. The IFSP process includes child programmatic assessment and family-guided assessment, as discussed above, as well as development of the IFSP document, implementation of the plan, and evaluation of the services received. All students will be expected to take the lead in coordinating **at least one new IFSP or IFSP review**. Students should also be involved in implementation and on-going evaluation of IFSP outcomes with families in the practicum setting. **Summarize your participation in IFSP meetings, implementation, and evaluation and discuss how these processes were handled. Discuss any items you might do differently.** This summary should be 4-5 pages in length.

Activity-Based Intervention

Plan and implement activity-based intervention using the procedures that follow for at least **two children** in your practicum setting. **Turn in the following three components:**

Individual Instructional Plans

Prepare Individual Instructional Plans for two to five high priority goals/objectives for two children that provide specific guidelines and criteria for teaching each targeted skill. Students will be provided a format to follow for instructional planning that includes (a) identifying information, (b) the instructional objective, (c) instructional considerations (context for instruction, prompting/facilitation procedures, desired responses, consequences) and (d) procedures for evaluating child progress. Once instructional plans are developed the interventionist or team plans how the targeted objectives can be embedded into daily routines and/or teacher-planned and child-initiated activities.

Individual and/or Group Activity Schedules

Prepare individual and/or group activity schedules for at least two children in the practicum setting. The purpose of activity schedules is to identify routines and/or activities in which intervention can be embedded.

Individual or Group Activity Plans

Prepare plans for individual or group routines or activities which you will be involved in implementing within your practicum setting or within another setting (e.g., home, child care, play group, nursery school). Individual activity plans are incorporated into the individual activity schedule for the child. Group activity plans include (a) activity name, (b) materials, (c) environmental arrangements, (d) description of activity (introduction, sequence of events, and closing), (e) opportunities to embed children's goals and objectives, (f) planned variations, (g) peer interaction strategies, (h) parent/caregiver input, and (i) evaluation of the activity after it has been implemented.

Evaluating Children's Progress

Develop a plan for evaluating the progress of two children on their targeted objectives. The plan for evaluating progress is part of **the Individual Instructional Plans** described above. The plans will indicate the when, where, who, and how for collecting data on the targeted objectives. Students will collect child progress data based on their plans. The data should be summarized, interpreted, and used to make decisions about the child's progress and whether aspects of the instructional plan need to be modified. Document your summarization, interpretation, instructional decisions, and the rationale for the decisions for the targeted objectives for each child. A report of each child's progress should be 5-7 pages in length.

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this practicum are designed to help students meet program competency requirements. The instructors will provide information on course assignments that can be used to document achievement of specific program competencies and can be included in students' portfolios.

STUDENT AND COURSE EVALUATION

Student Evaluation

Students are evaluated on performance of five primary roles of the early interventionist: (a) team member, (b) evaluator, (c) family facilitator, (d) instructor, and (e) professional. The development of competence within each role is rated on a four point scale in which 4 points = "highly competent", 3 points = "competent", 2 points = "somewhat competent", and 1 point = "not competent". Ratings will be determined through student documentation of performance and supervisor observation. Performance of the five roles will be evaluated by both the student and the supervisor at mid-semester and at the end of the semester. A summary evaluation form will be provided for this purpose. The supervisor will make a final determination of the ratings the student should receive, with input from the student.

The final grade for the practicum will be based on the mean rating score (averaged across the 5 roles). Grading will be as follows:

A	**3.0 and above**
B	**2.9 to 2.5**
C	**2.4 to 2.0**
D	**1.9 to 1.5**
F	**below 1.5**

Students will also be expected to complete all required assignments for this practicum (as described above) and to complete the minimum number of required clock hours. Failure to meet these requirements will affect the final grade.

The following are the types of artifacts that may be used to document performance of each of the five roles:

Team Member

- Journal entries
- Summary of your participation in the IFSP process
- Sample IFSPs you participated in developing (white out names of child and family members)
- Evidence of collaborative planning (e.g., team meeting agenda, team meeting notes, written descriptions)
- Supervisor's written feedback

Evaluator

- Journal entries
- Assessment reports and recommendations
- Summary of participation in child find and screening process

- Child observations and diagnostic reflections
- Completed assessment protocols
- Supervisor's written feedback

Family Facilitator

- Journal entries
- Home visit notes
- Family concerns and priorities survey
- Report on family resources, priorities, and concerns
- Methods of communication with parent(s)
    - Samples of letters and notes to parents
    - Parent updates
    - Samples of informal progress reports
    - Parent resource manual/handbook
- Letters and notes from parents
- Description of strategies developed to involve families in program
- Summary of participation in IFSP
- Supervisor's written feedback

Instructor

- Journal entries
- Individual Instructional Plans
- Individual/Group Activity Schedules
- Group Activity Plans
- Home Visit Notes
- Videotapes of Self-Evaluations
- Plans for evaluating children's progress
- Data collection forms documenting child progress
- Work samples documenting child progress
- Supervisor's written feedback

Professional

- Journal entries which provide evidence of reflective practice
- Descriptions of advocacy efforts
- Evidence of leadership roles within program/agency
- Papers discussing how coursework content has been applied to practicum/work setting
- Supervisor's written feedback.

SYLLABUS
SEI 506
Early Intervention Practicum II

SPRING, 2000

COURSE DESCRIPTION

This **3-credit** practicum focuses on planning, implementing, and evaluating developmentally appropriate curricula and interventions for inclusive early care and education programs. An important emphasis of the practicum is modification and adaptation of curricular goals and objectives, instructional strategies, environments, materials, and activities to promote active learning and full participation by infants and young children with low-incidence disabilities. Students are expected to participate as a member of an early intervention team in a program or agency that provides services to children birth to school-age 5 and their families.

COURSE

Credit: 3 semester credits
Prerequisites: Enrollment in the grant Rural Early Intervention Specialists for Low Incidence Disabilities and Assessment, Intervention, and Program Planning for Early Intervention II.

COURSE OBJECTIVES

As a result of active participation and successful completion of practicum requirements, the student will be able to:

- Utilize multiple methods of assessment, including alternative/nontraditional assessment tools and techniques (e.g., communication samples, play-based assessment, judgement-based assessment, ecological assessment) to plan individualized intervention for infants and young children with disabilities.

- Collaborate with families and other team members to develop, implement, and evaluate IFSPs.

- Select among and use strategies such as narrative description, direct behavioral observation, work samples and portfolio assessment, and judgement-based assessment to monitor a child's progress.

- Assess and design physical environments to facilitate maximum independence and promote active engagement in play, exploration, social

BEST COPY AVAILABLE

interactions, and learning opportunities for all infants and young children, including infants and young children with low incidence disabilities.

- Plan, implement, and evaluate the effectiveness of curricular activities across curricular domains (e.g., cognitive development, mathematics, social-emotional development, communication and language, literacy, adaptive/self-help skills, motor development, creative expression) for inclusive early care and education programs in collaboration with other team members.

- Adapt curricula, teaching strategies, and materials to meet the needs of infants and young children with a wide range of disabilities, including low incidence disabilities.

- Develop, implement, and evaluate individual intervention plans that address needs in the areas of play; communication/language; cognitive development; pre-academic skills; peer interaction; caregiver-infant interaction; feeding; toileting, dressing, and/or self-feeding; and functional fine or gross motor skills.

- Develop, implement, and evaluate developmentally appropriate methods for guiding the behavior of infants, toddlers, or preschoolers in group child care or educational settings.

- Develop, implement, and evaluate systematic behavior change plans in collaboration with families and other team members for young children who exhibit severe and persistent behavior difficulties.

- Collaborate with families, other team members, and staff of receiving programs to promote smooth transitions between settings or programs.

- Evaluate personal strengths and needs as they relate to the multiple roles of an early intervention specialist.

PRACTICUM SUPERVISION

Students will be assigned to a REIS/LID faculty member who will supervise the student in the practicum setting. The goal of supervision is to support the student's growth and development as an early intervention specialist. The supervisor will not only provide feedback based on the observation, but will also assist the student to reflect upon the intervention process. The focus is on engaging the student in a collaborative problem-solving process. All observations will be arranged in advance. The supervisors will often travel long distances to observe students and will have very tight schedules. Thus, it is important that students closely coordinate their practicum schedules with their supervisors.

PRACTICUM REQUIREMENTS

Basic Expectations

Students will regularly attend the settings in which they complete their practicum requirements and will conduct themselves in a professional manner. This included being punctual, completing all the tasks to which they commit in a timely manner, and maintaining the confidentiality of the child(ren) and famil(ies) at all times.

Practicum Setting

The practicum setting should be a program or agency that provides early intervention services to children ages birth to age 5 (not including kindergarten). Students may carry out the practicum requirements in their own work setting, as long as the setting meets the above parameters.

Required Clock Hours

All students must complete a minimum of **180 clock hours** of direct contact **this semester** with children, family members, program staff, and/or other program providers (as directly related to the needs of children in the practicum setting). Students should maintain a record documenting the hours and activities associated with practicum projects (see **Practicum Hours Sheet**). Remember that you may count **60 total hours** of the 180 clock hours as indirect time. Indirect time could include time spent writing a report, preparing on your own for assessment or intervention, making contacts to obtain resources for a family, etc.

Providing Direct Services to Children and Families

All students should be involved in providing direct services to children and families in an early intervention program that serves infants and young children ages birth to 5. This may include:

- Home visits to children and caregivers;
- Working with children in child care, preschool, Head Start, or other center-based settings;
- Participating in child find and screening activities;
- Implementing child assessments individually or as part of a team;
- Participating in team meetings; and
- Collaborating with other team members or staff in home or center-based settings as part of the intervention process.

Working with Infants and Toddlers

All students must participate in the provision of direct services to children ages birth to 3 years with disabilities and their families for a minimum of **90 clock hours** over the two semesters of practicum (Fall and Spring). The 90 hours may be distributed any way over the two semesters (e.g., 90 hours in one of the semesters, 45 hours in each semester, 30 hours one semester and 60 hours the other semester). Students will be expected to participate or assist in all aspects of intervention for infants and toddlers (e.g., assessment, the IFSP process, planning and implementing intervention activities, making home visits). Assistance will be provided to help students identify appropriate field placements.

Working with Children with Low Incidence Disabilities

All students are expected to develop additional skills in working with children with low incidence disabilities. The **Low Incidence Checklist** provides a list of skills to help students identify low incidence skill areas to focus on. The supervisors will assist students to link up with professionals with expertise in various low incidence areas (e.g., vision specialist, teacher of the deaf, physical therapist). These professionals will provide students with opportunities to observe their work and to gain direct experience, as well. They can also observe and provide feedback on students' performance of checklist skills.

Assignments

Please use your name on the practicum assignments since the projects do not receive a grade, per se, and it helps the instructor to visualize the situation if she knows who is writing the paper. The assignments are to be turned in individually, **STAPLED, TYPED**, and **DOUBLE-SPACED**. A **COVER SHEET** with your name, project title, and date is to be **STAPLED** to the front of the project. Headers and page numbers should be used to organize the projects. **CAREFUL READING OF THE DIRECTIONS** to ensure each component of a project is covered is strongly recommended by the instructors. Students are responsible for effectively using his/her time to complete the projects on time.

Students with Disabilities

If the accommodations requested cannot be provided by the instructors, the student is responsible for contacting the University's disability liaison in writing. Documentation of the disability and requested accommodations may be necessary.

Course Evaluation

Students will be asked to evaluate the practicum experience, including the structure and organization of the practicum and the supervision provided by the project faculty. A rating form will be provided at the end of the semester.

PRACTICUM PROJECTS

Videotape Teaching Evaluations

Students will make one videotape of themselves working with children during a small group activity. An **observation guide** will be provided to assist students to examine their interactions with groups of children. **Using the observation guide, students will evaluate the interactions on their own video. Students will then exchange videos with another student and provide feedback on the peer's video.**

TO BE TURNED IN: The completed observation guides (individual's and peer's) and a 2-3 page write-up summarizing the observations.

Assessment for Programmatic Purposes

Students should be actively involved in the process of assessment for program planning (i.e., determining goals and objectives). This will involve collecting information about (a) the child's developmental skills and behaviors, (b) the family's concerns, priorities, and preferences for their child, and (c) environmental information. Plan assessment activities with the family and determine their preferences regarding where and when assessments are conducted, their role(s) in the assessment process, and areas of priority for assessment. Use multiple methods to collect assessment information, including **two or more of the following:**

(a) Work-sampling
(b) Communication/language sampling
(c) Judgement-based assessment instrument
(d) Direct observational system or rating scales to assess social play or play, parent-infant interaction, or peer social interaction
(e) Direct observational system, ecological inventory, or other methods to assess self-help skills and/or community self-sufficiency

This is **in addition to** utilizing curriculum-based assessment (CBA) and obtaining information from caregivers. The total assessment process should yield a holistic picture of the child, including the child's strengths, interests, and preferences, as well as areas of priority for intervention. **Assess all major developmental domains,** including cognition, play skills, communication and language development, social and emotional development, fine and gross motor, and adaptive/self-help skills. Prepare an assessment report for **one child** that includes the following:

- Assessment methods used;
- Rationale for selection of methods;
- The family's priorities and concerns for the child;
- The child's strengths, interests, and preferences;
- Summary of assessment findings across all domains and areas assessed;
- Priority areas for intervention; and
- Recommendations for intervention programming, placement in the most natural or least restrictive environment, and services.

The options available to the student for completing this project include (a) continuing with the child from last semester by updating the CBA and using two or more of the procedures listed, (b) selecting a new child and completing a CBA and two or more of the procedures listed. The third option applies to those students who complete the TPBA in class on a child from their program. These students can then do two or more of the procedures listed on the child from the TPBA.

TO BE TURNED IN: An assessment report, following the guidelines provided during class, and the protocols and/or samples from the assessments.

Family-Guided Assessment, Program Planning, and Implementation

1. Assist families to identify their strengths and resources, the kinds of services, resources, or information they would like to receive, and desired outcomes of early intervention for their child and family. Methods include informal communication with family members, semistructured interviews or discussions, and caregiver-completed surveys and rating scales, depending on the **family's preferences** for sharing information.

2. Using the information from the child assessment process (above) and the family-guided assessment of family resources, priorities and concerns (see #1) develop an individual program plan for at least **one child** in collaboration with the child's family and other team members (if possible). The plan can be either a **formal IFSP** developed by CDS (new or review) or a **plan of care** (new or review) and must meet all of the federal requirements for an IFSP, as listed below.

(a) A summary of the family's resources, priorities, and concerns;
(b) Information about the child's status, including a summary of the child's present level of physical development (motor, vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development;
(c) Major outcomes expected for the child and the family, and the criteria, procedures, and timelines to be used to determine the degree to which progress is made and whether modifications or revisions are needed;
(d) Specific services needed to achieve the outcomes identified;
(e) A statement of the natural environments in which services will be provided;
(f) A description of the medical and other services the child needs and the funding sources to be used to pay for those services; and
(g) The projected dates for initiation of the services to be provided and the anticipated duration of the services.

TO BE TURNED IN: An individual program plan (IFSP or plan of care) that adheres to all federal requirements for the IFSP.

Planning a Group Program for Infants, Toddlers, or Preschoolers

Refer to class syllabus for description of project.

Curriculum Planning and Implementation Project

Refer to class syllabus for description of project.

Individual Intervention Plans and Evaluation of Child Progress

Refer to class syllabus for description of project.

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this practicum are designed to help students meet program competency requirements. The instructors will provide information on course assignments that can be used to document achievement of specific program competencies and can be included in students' portfolios.

STUDENT AND COURSE EVALUATION

Student Evaluation

Students are evaluated on performance of five primary roles of the early interventionist: (a) team member, (b) evaluator, (c) family facilitator, (d) instructor, and (e) professional. The development of competence within each role is rated on a four point scale in which 4 points = "highly competent", 3 points = "competent", 2 points = "somewhat competent", and 1 point = "not competent". Ratings will be determined through student documentation of performance and supervisor observation. Performance of the five roles will be evaluated by both the student and the supervisor at mid-semester and at the end of the semester. A summary evaluation form will be provided for this purpose. The supervisor will make a final determination of the ratings the student should receive, with input from the student.

The final grade for the practicum will be based on the mean rating score (averaged across the 5 roles). Grading will be as follows:

A	**3.0 and above**
B	**2.9 to 2.5**
C	**2.4 to 2.0**
D	**1.9 to 1.5**
F	**below 1.5**

Students will also be expected to complete all required assignments for this practicum (as described above) and to complete the minimum number of required clock hours. Failure to meet these requirements will affect the final grade.

The following are the types of artifacts that may be used to document performance of each of the five roles:

Team Member

- Journal entries
- Summary of your participation in the IFSP process
- Sample IFSPs you participated in developing (white out names of child and family members)

- Evidence of collaborative planning (e.g., team meeting agenda, team meeting notes, written descriptions)
- Supervisor's written feedback

Evaluator

- Journal entries
- Assessment reports and recommendations
- Summary of participation in child find and screening process
- Child observations and diagnostic reflections
- Completed assessment protocols
- Supervisor's written feedback

Family Facilitator

- Journal entries
- Home visit notes
- Family concerns and priorities survey
- Report on family resources, priorities, and concerns
- Methods of communication with parent(s)
  - Samples of letters and notes to parents
  - Parent updates
  - Samples of informal progress reports
  - Parent resource manual/handbook
- Letters and notes from parents
- Description of strategies developed to involve families in program
- Summary of participation in IFSP
- Supervisor's written feedback

Instructor

- Journal entries
- Individual Instructional Plans
- Individual/Group Activity Schedules
- Group Activity Plans
- Home Visit Notes
- Videotapes of Self-Evaluations
- Plans for evaluating children's progress
- Data collection forms documenting child progress
- Work samples documenting child progress
- Supervisor's written feedback

Professional

- Journal entries which provide evidence of reflective practice
- Descriptions of advocacy efforts
- Evidence of leadership roles within program/agency

BEST COPY AVAILABLE

- Papers discussing how coursework content has been applied to practicum/work setting
- Supervisor's written feedback.

SYLLABUS
SEI 506
Early Intervention Practicum II
(Consultation Option)

SPRING, 2000

COURSE DESCRIPTION

This **3-credit** practicum focuses on planning, implementing, and evaluating developmentally appropriate curricula and interventions for inclusive early care and education programs. An important emphasis of the practicum is modification and adaptation of curricular goals and objectives, instructional strategies, environments, materials, and activities to promote active learning and full participation by infants and young children with low-incidence disabilities. Students are expected to participate as a member of an early intervention team in a program or agency that provides services to children birth to school-age 5 and their families. The consultation option is provided for students with appropriate prior experiences and job responsibilities in the early intervention field, as discussed below (see "Who is Appropriate For the Consultation Option").

COURSE

Credit: 3 semester credits
Prerequisites: Enrollment in the grant Rural Early Intervention Specialists for Low Incidence Disabilities and Assessment, Intervention, and Program Planning for Early Intervention II.

COURSE OBJECTIVES

As a result of active participation and successful completion of practicum requirements, the student will be able to:

- Utilize multiple methods of assessment, including alternative/nontraditional assessment tools and techniques (e.g., communication samples, play-based assessment, judgement-based assessment, ecological assessment) to plan individualized intervention for infants and young children with disabilities.

- Collaborate with families and other team members to develop, implement, and evaluate IFSPs.

BEST COPY AVAILABLE

- Select among and use strategies such as narrative description, direct behavioral observation, work samples and portfolio assessment, and judgement-based assessment to monitor a child's progress.

- Assess and design physical environments to facilitate maximum independence and promote active engagement in play, exploration, social interactions, and learning opportunities for all infants and young children, including infants and young children with low incidence disabilities.

- Plan, implement, and evaluate the effectiveness of curricular activities across curricular domains (e.g., cognitive development, mathematics, social-emotional development, communication and language, literacy, adaptive/self-help skills, motor development, creative expression) for inclusive early care and education programs in collaboration with other team members.

- Adapt curricula, teaching strategies, and materials to meet the needs of infants and young children with a wide range of disabilities, including low incidence disabilities.

- Develop, implement, and evaluate individual intervention plans that address needs in the areas of play; communication/language; cognitive development; pre-academic skills; peer interaction; caregiver-infant interaction; feeding; toileting, dressing, and/or self-feeding; and functional fine or gross motor skills.

- Develop, implement, and evaluate developmentally appropriate methods for guiding the behavior of infants, toddlers, or preschoolers in group child care or educational settings.

- Develop, implement, and evaluate systematic behavior change plans in collaboration with families and other team members for young children who exhibit severe and persistent behavior difficulties.

- Collaborate with families, other team members, and staff of receiving programs to promote smooth transitions between settings or programs.

- Provide consultation to staff of early care and education programs on planning, implementing, and evaluating developmentally appropriate, inclusive assessment strategies, environments, curricula, and interventions.

- Evaluate personal strengths and needs as they relate to the multiple roles of an early intervention specialist.

PRACTICUM SUPERVISION

Students will be assigned to a REIS/LID faculty member who will supervise the student in the practicum setting. The goal of supervision is to support the student's growth and development as an early intervention specialist. The supervisor will not only provide feedback based on the observation, but will also assist the student to reflect upon the intervention process. The focus is on engaging the student in a collaborative problem-solving process. All observations will be arranged in advance. The supervisors will often travel long distances to observe students and will have very tight schedules. Thus, it is important that students closely coordinate their practicum schedules with their supervisors.

PRACTICUM REQUIREMENTS

Basic Expectations

Students will regularly attend the settings in which they complete their practicum requirements and will conduct themselves in a professional manner. This included being punctual, completing all the tasks to which they commit in a timely manner, and maintaining the confidentiality of the child(ren) and famil(ies) at all times.

Practicum Setting

The practicum setting should be a program or agency that provides early intervention services to children ages birth to age 5 (not including kindergarten). Students may carry out the practicum requirements in their own work setting, as long as the setting meets the above parameters.

Required Clock Hours

All students must complete a minimum of **180 clock hours** of direct contact **this semester** with children, family members, program staff, and/or other program providers (as directly related to the needs of children in the practicum setting). Students should maintain a record documenting the hours and activities associated with practicum projects (see **Practicum Hours Sheet**). Remember that you may count **60 total hours** of the 180 clock hours as indirect time. Indirect time could include time spent writing a report, preparing on your own for assessment or intervention, making contacts to obtain resources for a family, etc.

Providing Direct Services to Children and Families

All students should be involved in providing direct services to children and families in an early intervention program that serves infants and young children ages birth to 5. This may include:

- Home visits to children and caregivers;
- Working with children in child care, preschool, Head Start, or other center-based settings;
- Participating in child find and screening activities;
- Implementing child assessments individually or as part of a team;
- Participating in team meetings; and
- Collaborating with other team members or staff in home or center-based settings as part of the intervention process.

Working with Infants and Toddlers

All students must participate in the provision of direct services to children ages birth to 3 years with disabilities and their families for a minimum of **90 clock hours** over the two semesters of practicum (Fall and Spring). The 90 hours may be distributed any way over the two semesters (e.g., 90 hours in one of the semesters, 45 hours in each semester, 30 hours one semester and 60 hours the other semester). Students will be expected to participate or assist in all aspects of intervention for infants and toddlers (e.g., assessment, the IFSP process, planning and implementing intervention activities, making home visits). Assistance will be provided to help students identify appropriate field placements.

Working with Children with Low Incidence Disabilities

All students are expected to develop additional skills in working with children with low incidence disabilities. The **Low Incidence Checklist** provides a list of skills to help students identify low incidence skill areas to focus on. The supervisors will assist students to link up with professionals with expertise in various low incidence areas (e.g., vision specialist, teacher of the deaf, physical therapist). These professionals will provide students with opportunities to observe their work and to gain direct experience, as well. They can also observe and provide feedback on students' performance of checklist skills.

Assignments

Please use your name on the practicum assignments since the projects do not receive a grade, per se, and it helps the instructor to visualize the situation if she knows who is writing the paper. The assignments are to be turned in individually, **STAPLED, TYPED**, and **DOUBLE-SPACED**. A **COVER SHEET** with your name, project title, and date is to be **STAPLED** to the front of the project. Headers and page numbers should be used to organize the projects. **CAREFUL READING OF THE DIRECTIONS** to ensure each component of a

BEST COPY AVAILABLE

project is covered is strongly recommended by the instructors. Students are responsible for effectively using his/her time to complete the projects on time.

Students with Disabilities

If the accommodations requested cannot be provided by the instructors, the student is responsible for contacting the University's disability liaison in writing. Documentation of the disability and requested accommodations may be necessary.

Course Evaluation

Students will be asked to evaluate the practicum experience, including the structure and organization of the practicum and the supervision provided by the project faculty. A rating form will be provided at the end of the semester.

WHO IS APPROPRIATE FOR THE CONSULTATION OPTION

The consultation option is appropriate for students with five or more years of experience providing direct early intervention services to young children and their families and primary responsibility for administration, staff development, and/or consultative activities within their position. The instructors will make the final decision as to the appropriateness of the option for individual students.

PRACTICUM PROJECTS

Videotape Teaching Evaluations

Students will have two options to complete this assignment, as determined by their practicum supervisor. Option one is that the student will make one videotape of herself working with children during a small group activity and complete an observation guide. An **observation guide** will be provided to assist the student to examine her interactions with groups of children. The student will then exchange her video with another student and provide feedback on the peer's video. Option two is that the student will view two classmates' videos and provide feedback to the students via the observation guide and in person. With both options, the student will be required to give feedback in person to her classmate(s). At one of these feedback sessions, the practicum supervisor must be present.

TO BE TURNED IN: The completed observation guides (individual's and peer's) and a 2-3 page write-up summarizing the observations. A 2 page paper evaluating the student's skills in providing face-to-face feedback.

Assessment for Programmatic Purposes

To complete this project, the student will need to work closely with a child care or early intervention program. The student will be given three options for completing this project.

1. help a program collect assessment information on a child to address a specific area of concern.
2. Conduct a curriculum-based assessment on a child in the program.
3. Conduct an inservice for the program on completing and utilizing curriculum-based assessment.

What follows is a description of the class's practicum project, which may assist the student in further understanding how she might consult with a program. Students should be actively involved in the process of assessment for program planning (i.e., determining goals and objectives). This will involve collecting information about (a) the child's developmental skills and behaviors, (b) the family's concerns, priorities, and preferences for their child, and (c) environmental information. Plan assessment activities with the family and determine their preferences regarding where and when assessments are conducted, their role(s) in the assessment process, and areas of priority for assessment. Use multiple methods to collect assessment information, including **two or more of the following:**

(a) Work-sampling
(b) Communication/language sampling
(c) Judgement-based assessment instrument
(d) Direct observational system or rating scales to assess social play or play, parent-infant interaction, or peer social interaction
(e) Direct observational system, ecological inventory, or other methods to assess self-help skills and/or community self-sufficiency

This is **in addition to** utilizing curriculum-based assessment (CBA) and obtaining information from caregivers. The total assessment process should yield a holistic picture of the child, including the child's strengths, interests, and preferences, as well as areas of priority for intervention. **Assess all major developmental domains,** including cognition, play skills, communication and language development, social and emotional development, fine and gross motor, and adaptive/self-help skills. Prepare an assessment report for **one child** that includes the following:

- Assessment methods used;
- Rationale for selection of methods;
- The family's priorities and concerns for the child;
- The child's strengths, interests, and preferences;

- Summary of assessment findings across all domains and areas assessed;
- Priority areas for intervention; and
- Recommendations for intervention programming, placement in the most natural or least restrictive environment, and services.

The options available to the student for completing this project include (a) continuing with the child from last semester by updating the CBA and using two or more of the procedures listed, (b) selecting a new child and completing a CBA and two or more of the procedures listed. The third option applies to those students who complete the TPBA in class on a child from their program. These students can then do two or more of the procedures listed on the child from the TPBA.

TO BE TURNED IN: An assessment report, following the guidelines provided during class, and the protocols and/or samples from the assessments.

Family-Guided Assessment, Program Planning, and Implementation

The student will collaborate with the program staff in methods of assessing family concerns, priorities, and resources and developing a family-centered plan of care or IFSP. In developing the method of assessing family concerns, priorities, and resources, various checklists and surveys may be used. The student should keep in mind that some families respond differently to different approaches so that one method is not always the best. Therefore, staff should be trained in more than one system for gathering family information. Training in development of the IFSP or plan of care should include using the family's own language, writing family and child outcome statements, and strategies for encouraging families to be involved to the extent they desire.

The rest of the class will be completing this assignment with these instructions. Assist families to identify their strengths and resources, the kinds of services, resources, or information they would like to receive, and desired outcomes of early intervention for their child and family. Methods include informal communication with family members, semistructured interviews or discussions, and caregiver-completed surveys and rating scales, depending on the **family's preferences** for sharing information. Using information from the child programmatic assessment (described above) develop a plan for at least **one child, in collaboration with the child's family** (and other team members, if possible) that includes:

1. A summary of the family's resources, priorities, and concerns;
2. Information about the child's status, including a summary of the child's present level of physical development (motor, vision, hearing, and health

status), cognitive development, communication development, social or emotional development, and adaptive development;

3. Major outcomes expected for the child and the family, and the criteria, procedures, and timelines to be used to determine the degree to which progress is made and whether modifications or revisions are needed;
4. Specific services needed to achieve the outcomes identified;
5. A statement of the natural environments in which services will be provided;
6. A description of the medical and other services the child needs and the funding sources to be used to pay for those services; and
7. The projected dates for initiation of the services to be provided and the anticipated duration of the services.

TO BE TURNED IN:

Planning a Group Program for Infants, Toddlers, or Preschoolers

Refer to class syllabus for description of project.

Carry out the environmental assessment in consultation with the program staff and work with the staff to identify strengths and limitations in the areas of classroom scheduling, arrangement of the physical environment, provisions for children with disabilities within the environment, and child guidance policies. (The project you turn will be the result of that consultative process)

Curriculum Planning and Implementation Project

Refer to class syllabus for description of project.

Work with program staff to develop the curriculum unit as specified for this project. A particular emphasis of this project, from the consultative perspective, is helping the staff learn to embed children's individual objectives into their ongoing activities (activity-based intervention). You will not be required to implement any of the group activity plans but will be required to observe four plans being implemented. Feedback on the plans and their implementation will be provided to the staff.

Individual Intervention Plans and Evaluation of Child Progress

Refer to class syllabus for description of project.

Students will provide consultation for the writing of four intervention plans. The student must evaluate the implementation of the plans and provide feedback.

Log of Activities and Reflection

Students will keep a log of all activities with the consulting program. This log should contain information about the dates and time spent in on-site visits with the program(s), activities completed during the visits, and constructive reflection on the interactions during the visits and feedback provided to the program regarding the projects. Also discuss challenges you encountered within the collaborative consultative process, how you dealt with challenges, and what you learned about yourself in the consultant role.

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this practicum are designed to help students meet program competency requirements. The instructors will provide information on course assignments that can be used to document achievement of specific program competencies and can be included in students' portfolios.

STUDENT AND COURSE EVALUATION

Student Evaluation

Student's part:
During each of the three observations, your supervisor will write comments regarding your interactions with a child or children. Time will be set aside during the visit to discuss these comments and recommendations will be developed jointly by you and your supervisor. At the next supervisory visit, it is expected that you will have addressed the recommendations discussed on the previous observation and your progress will be noted on that observation.

At the end of the semester, you are also responsible for writing a short description of what you believe your level of competency is in each of the five team roles. The ratings are highly competent, competent, somewhat competent, or not competent. The five roles are team member, evaluator, family facilitator, instructor, and professional. You must justify your rating by describing how you've shown growth in each role over the semester and how you would like to improve in each role.

Supervisor's part:
Your supervisor will provide constructive feedback on each of your projects. If the supervisor feels there is room for significant improvement in a project, the student will be expected to address the supervisor's comments and turn in the corrected version of the project, as well as the original version. The original version will be necessary so that the supervisor can judge if the suggested

changes have been made. Mastery is the goal in completion of the practicum projects. Your supervisor will use progress in projects and comments from observations to jointly determine a grade for this course.

Students will also be expected to complete all required assignments for this practicum (as described above) and to complete the minimum number of required clock hours. Failure to meet these requirements will affect the final grade.

The following are the types of artifacts that may be used to document performance of each of the five roles:

Team Member

- Journal entries
- Summary of your participation in the IFSP process
- Sample IFSPs you participated in developing (white out names of child and family members)
- Evidence of collaborative planning (e.g., team meeting agenda, team meeting notes, written descriptions)
- Supervisor's written feedback

Evaluator

- Journal entries
- Assessment reports and recommendations
- Summary of participation in child find and screening process
- Child observations and diagnostic reflections
- Completed assessment protocols
- Supervisor's written feedback

Family Facilitator

- Journal entries
- Home visit notes
- Family concerns and priorities survey
- Report on family resources, priorities, and concerns
- Methods of communication with parent(s)
- Samples of letters and notes to parents
- Parent updates
- Samples of informal progress reports
- Parent resource manual/handbook
- Letters and notes from parents
- Description of strategies developed to involve families in program

- Summary of participation in IFSP
- Supervisor's written feedback

Instructor

- Journal entries
- Individual Instructional Plans
- Individual/Group Activity Schedules
- Group Activity Plans
- Home Visit Notes
- Videotapes of Self-Evaluations
- Plans for evaluating children's progress
- Data collection forms documenting child progress
- Work samples documenting child progress
- Supervisor's written feedback

Professional

- Journal entries which provide evidence of reflective practice
- Descriptions of advocacy efforts
- Evidence of leadership roles within program/agency
- Papers discussing how coursework content has been applied to practicum/work setting
- Supervisor's written feedback.

SYLLABUS
SEI 507
Fostering Partnerships in Early Intervention

FALL, 2000

CATALOG DESCRIPTION

Develops knowledge, values, and skills for building partnerships with families, collaborative teaming, consultative roles, service coordination, advocacy, and professional ethics in early intervention. Emphasizes understanding of ecological systems, principles of family-centered care, and development of cultural competence.

COURSE DESCRIPTION

This 3 credit course will introduce graduate students to methods of collaboration, consultation, technical assistance, teaming, and developing partnerships. The various roles and responsibilities for the different players will be discussed, as well as the impact of culture on the interactions among the participants. Effective communication strategies and teaming techniques will be modeled. Discussion around interagency and community collaboration will assist students in developing a network within their own communities. All discussion of families will be presented in the context of a family systems approach, with the differing factors impacting families presented. Students will participate in discussion of advocacy efforts and ethics, as well. During the course, students will have opportunities to learn about and then implement family-guided assessment of resources, priorities, and concerns, as well as helping a family reach their family goals. Students will collect and share resources for collaborating and providing services to families. A consultation project will provide personal experience in assessing a program's needs and collaborating with program staff to develop and implement a plan. A reflective journal will be used to assist the students to examine their experiences and to integrate the course content with their work with families and programs as a consultant. During class, students will also interview parents and provide feedback to one another regarding interviewing skills.

COURSE

Credit: 3 semester credits
Prerequisites: Enrollment in the grant Rural Early Intervention Specialists for Low Incidence Disabilities
Meeting Place: To Be Announced

Meeting Time: September 23, October 14 and 28, November 18, and December 2, 2000, 8:00 –5:00

INSTRUCTORS

Name: Sandra Doctoroff	**Name:** Sharon L. Gilbert
Office: Corbett Hall, # 104	**Office:** Corbett Hall, #106
Phone Number: 581-1437	**Phone Number:** 581-1219
E-mail: Sandra.Doctoroff@umit.maine.edu	**E-mail:** Sharon.Gilbert@umit.maine.edu

Students are encouraged to contact the instructor via E-mail or telephone with questions about course readings and/or assignments.

TEXTBOOKS AND COURSE MATERIALS

Required

Beckman, P. J. (1996). Strategies for Working with Families of Young Children with Disabilites. Baltimore: Brookes.

Lerner, J. W., Lowenthal, B., & Egan, R. (1998). Transition. Preschool children with special needs . Boston: Allyn and Bacon.

Raver, S. A. (1999.). Intervention strategies for infants and toddlers with special needs: A team approach (2nd ed.). Upper Saddle River, NJ: Merrill.

Rosin, P., Whitehead, A. D., Tuchman, L. I., Jesien, G. S., Begun, A. L., & Irwin, L. (1996). Partnership in Family-Centered Care. Baltimore: Brookes.

Reading packet is available.

COURSE OBJECTIVES

As a result of active participation and successful completion of course requirements, the student will be able to:

- Describe models of team organization and leadership, as well as strategies for facilitating meetings and the roles different members play.
- Compare, contrast, and define collaboration, consultation, technical assistance and the roles participants take in these processes.
- Collect information about local, state, and national resources for families of children with disabilities.

- Describe models of service coordination and the federal legislation mandating these services.

- Discuss methods of coordinating with other service and community agencies in providing services for young children with disabilities and their families.

- Describe the major elements of a family systems perspective and discuss the impact of various factors on parenting a child with a disability and family functioning.

- Demonstrate knowledge of her professional code of ethics.

- Assist families in obtaining support services, such as respite care.

- Collect assessment information from families regarding their resources, priorities, and concerns and utilize the information to assist families to plan and achieve their desired outcomes.

- Demonstrate knowledge of techniques for facilitating transition of children to the next placement.

- Demonstrate knowledge of cultural variations in families and the implications for intervention.

- Demonstrate the ability to communicate educational information in a way that families understand and that facilitates family decision-making.

- Demonstrate knowledge of the potential impact of family structure in rural families on intervention with children with disabilities.

- Demonstrate knowledge of the impact of poverty on child development and family functioning.

- Demonstrate knowledge of strategies for assisting families to access support in rural areas from family members and/or agencies.

- Discuss strategies for delivering culturally sensitive intervention.

- Demonstrate effective communication and active listening skills and demonstrate knowledge of their application in parent conferences, staffings, IEP/IFSP meetings, etc.

- Demonstrate the ability to access resources on the Internet useful in serving children with disabilities.

TEACHING METHODS

Group discussion, small group activities, group projects, presentations by guest lecturers, case studies, panel discussions, and videotapes, as well as lecture will be employed in this class. Assignments will be designed to provide direct experiences with course content and to extend learning about concepts and issues addressed in this course.

COURSE REQUIREMENTS

Attendance and Participation

Regular class attendance and active participation in class discussion and activities is expected of all students. Students are responsible for obtaining any information disseminated in a class they miss.

Course Readings

Students are expected to have read the assigned readings and to be prepared to discuss them in class. The assigned readings for each session are listed on the course schedule. Additional readings may be assigned by the instructor on an as-needed basis.

Cheating and Plagiarism

Each student is expected to abide by the policies listed in the University of Maine Online Student Handbook (http://www.umaine.edu/handbook/default.htm). Disciplinary action described in the handbook will be used with students who violate University Policy. **Cheating and plagiarism will not be tolerated and are cause for mandatory dropping of the course.** Plagiarism is presenting another's words or ideas as one's own. Quotation marks are to be used if someone else's exact words are used. If another's words or ideas are paraphrased, the original author is to be cited in the paper and reference section. Please refer to the American Psychological Association (APA) manual for specifics on plagiarism (pages 292-294) and properly quoting sources (pages 95-99). Any children or families involved in projects for the class will remain anonymous through the use of fictitious names. Students should obtain access to children's files by signing access forms prior to reviewing the files.

The current APA Manual does not provide examples of how to cite electronic sources. This information can be found at http://www.apa.org/journals/webref.html.

Assignments

The student's identification number is to be used on all projects and exams, except those pertaining to practicum. The assignments are to be turned in individually,

STAPLED, **TYPED**, and **DOUBLE-SPACED**. A **COVER SHEET** with your number, project title, and date is to be **STAPLED** to the front of the project. All projects requiring references are to be **CITED and REFERENCED** in American Psychological Association (**APA**) style. Headers and page numbers should be used to organize the projects. **CAREFUL READING OF THE DIRECTIONS** to ensure each component of a project is covered is strongly recommended by the instructors. The student is responsible for effectively using his/her time to complete the projects on time. Assignments may be turned into the instructor via email or CourseInfo.

Students with Disabilities

If the accommodations requested cannot be provided by the instructors, the student is responsible for contacting the University's disability liaison in writing. Documentation of the disability and requested accommodations may be necessary.

COURSE PROJECTS

Family Support Project

Each student will select a family with a child with a disability. This may be with a family the student is currently working with. The goals for this assignment are (a) to get to know the family and establish rapport, (b) to understand the family from a family systems perspective, (c) to assist the family to identify their resources, priorities, and concerns and specific family outcomes they would like to achieve, and (d) to assist the family in meeting their self-determined outcomes. The student is responsible for maintaining contact with this family during the semester. During this time, the student is to complete a family assessment of resources, priorities, and concerns. This should be accomplished through a family-friendly interview or informal discussions with the family. Once the assessment has been completed, family outcomes should be developed with the family. The student will then work within the community and with the services available to assist the family to meet their self-determined outcomes. The student is responsible for providing the family with a list of resources to address family identified needs. The student should integrate information obtained from the family into a family systems framework, as discussed in coursework and readings. A separate handout will be provided explaining the requirements for the assignment.

TO BE TURNED IN: A 5 to 10 page report which includes

- a discussion of the family, based on a family systems perspective;
- the family's assessment of their resources, priorities, and concerns;
- the outcomes identified by the family;
- a summary of your work with the family to assist in achieving the outcomes; and

- a list of services and resources tailored to current and future needs of this family.

Reflective Journal

The student will keep a weekly journal of her experiences in working with the family selected for the Family Support Project, as well as of the Consultation Practicum. This journal should demonstrate critical thinking and reflection on the part of the student.

TO BE TURNED IN: A journal with weekly entries throughout the semester.

Parental Interview

During a class meeting, students will group with parents invited to the class to practice interviewing skills. Each student in the small group will interview the parent(s), while the other student(s) in the group critique the interviewer's skills. When the interviews have been completed, the students and parents will discuss their observations within their groups and, possibly, with the whole class. Each student will be responsible for completing a form on the student she observes, including any cogent feedback and/or comments from the parent or other student.

TO BE TURNED IN: The completed interview observation form.

Consultation Project

Students will be assigned an early care or education program which they will provide technical assistance. The students are responsible for working with the program to assess needs and develop a plan of action. In collaboration with the program, each student will determine two (2) issues with which they will assist the program. A form will be provided for the student to complete, to provide the instructors with the information regarding the issues decided upon before intervention/consultation begins. The types of issues they might encounter could include, but are not limited to, dealing with a chronically unengaged child, embedding objectives in activities throughout the day, working with a child who demonstrates challenging behavior, or monitoring progress for a whole classroom. One of the instructors for this course must approve of the issues identified before the student can begin providing assistance. The instructors will provide supervision of consultation activities, including discussion with the student about issues in planning and implementation of consultation and/or direct observation during consultation visits.

TO BE TURNED IN: A consultation form identifying the issues within the program will be turned in before any consultation services are provided. A 5-7 page report of the needs assessment, plan of action, process, and results.

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this course are designed to help you meet program competency requirements and to provide documentation of your achievement of those competencies. The Student Competency Guide lists competencies emphasized in this course and course projects and assignments which can be used to document those competencies in your program portfolio.

EVALUATION OF LEARNING

Evaluation of Course Projects/Assignments

Specific criteria and procedures for the assignments are given in the syllabus. In order to receive a satisfactory grade (i.e., "B" or better), all critical objectives must be achieved at a criterion level sufficient to demonstrate mastery. A grade of "I" will be given only under extenuating circumstances. The student will have to demonstrate to the instructors why an assignment could not be completed by the due date and a new due date will be chosen by the instructors. It is the student's responsibility to let the instructors know before assignments are due that extenuating circumstances prevented him/her from completing the work. The assignments from one class should be completed before the start of the next course.

Point Values

Assignment	*Possible Points*
Family Support Project	65
Reflective Journal	40
Parental Interview	30
Consultation Project	65
Total Points	**200**

Criteria for Final Grade:

A = 191 to 200 points
A- = 180 to 190 points
B+ = 175 to 179 points
B = 165 to 174 points
B- = 160 to 164 points
C+ = 155 to 159 points
C = 145 to 154 points
C- = 140 to 144 points
D = 120 to 139 points
F = below 119 points

TOPICAL UNITS AND READING ASSIGNMENTS

*optional readings

SATURDAY, SEPTEMBER 23

MORNING

Course Overview
- Family systems
- Major Elements and Principles
- Incorporating Family-Centered Philosophy into a Program
- Impacting Factors
- Extended family
- Ecological factors

Packet

McWilliam, R. A., Tocci, L., & Harbin, G. L. (1998). Family-centered services: Service providers' discourse and behavior. Topics in Early Childhood Special Education (18) 4, 206-221.

Select one of these two articles to read:

Flynn, L. L, & Wilson, P. G. (1999) Partnerships with family members: What about fathers? Exceptional Young Children (2) 1, 21-28.

Turbiville, V. P., Turnbull, A. P., & Turnbull, H. R. (1995). Fathers and family-centered early intervention. Infants and Young Children (7) 4, 12-19.

Textbooks

Begun, A. L. (1996). Family systems and family-centered care. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care (pp. 33-64). Baltimore: Brookes Publishing.

Kilgo, J. L., & Raver, S. A. (1999). Collaborating with families. In S. A. Raver (Ed.), Intervention strategies for infants and toddlers with special needs: A team approach (2nd ed., pp. 332-361). Upper Saddle River, NJ: Merrill.

*Beckman, P. J. (1996). Theoretical, philosophical, and empirical bases of effective work with families. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 1-16). Baltimore: Brookes Publishing.

AFTERNOON

Effective Communication
- Managing Resistance
- Conducting Effective Meetings

- Barriers to Effective Communication
- Establishing and Maintaining Positive Working Relationships

Textbooks

Beckman, P. J., Frank, N., & Newcomb. S. (1996). Qualities and skills for communicating with families In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 31-46). Baltimore: Brookes Publishing.

Beckman, P. J., Frank, N., & Stepanek. J. S. (1996). Resolving conflicts with families. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 109-126). Baltimore: Brookes Publishing.

Tuchman, L. I. (1996). Team dynamics and communication. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care (pp. 145-186). Baltimore: Brookes Publishing.

SATURDAY, OCTOBER 14

MORNING

Cultural conflict

- Communicating with Families from Diverse Backgrounds

Packet

Harry, B., Kalyanpur, M., & Day, M. (1999). Carissa: A family with a vision – on a mission. In Building cultural reciprocity with families: Case studies in special education (pp. 16-90). Baltimore: Brookes Publishing.

Harry, B., Kalyanpur, M., & Day, M. (1999). Theresa Marie: "An absolute miracle." In Building cultural reciprocity with families: Case studies in special education (pp. 175-190). Baltimore: Brookes Publishing.

Textbooks

Rosin, P. (1996). The diverse American family. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care (pp. 3-32). Baltimore: Brookes Publishing.

*Barnwell, D. A., & Day, M. (1996). Providing Support to Diverse Families. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 47-68). Baltimore: Brookes Publishing.

AFTERNOON

Families at risk

- Serving families with multiple risk factors

Packet

Espe-Sherwindt, M. (1993). An orange raincoat. In P. J. McWilliam & D. B. Bailey, Jr. (Eds.), Working together with children & families (pp. 87-98). Baltimore: Brookes Publishing.

Fewell, R. R., & Wheeden, C. A. (1998). A pilot study of intervention with adolescent mothers and their children: A preliminary examination of child outcomes. Topics in Early Childhood Special Education (18) 1, 18-25.

Norman, K. R. (1993). In whose best interest? In P. J. McWilliam & D. B. Bailey, Jr. (Eds.), Working together with children & families (pp. 191-202). Baltimore: Brookes Publishing.

Ohlson, C. (1998). Welfare reform: Implications for young children with disabilities, their families, and service providers. Journal of Early Intervention (21) 3, 191-206.

Vig, S. (1996). Young children's exposure to community violence. Journal of Early Intervention (20) 4, 319-328.

Wagner-Siebauer, B. (1993). Thank you for your time. In P. J. McWilliam & D. B. Bailey, Jr. (Eds.), Working together with children & families (pp. 63-74). Baltimore: Brookes Publishing.

Select one of these three articles to read:

Espe-Sherwindt, M., & Kerlin, S. L. (1990). Early intervention with parents with mental retardation: Do we \empower or impair? Infants and Young Children (2) 4, 21-28.

Feldman, M. A. (1998). Preventing child neglect: Child-care training for parents with intellectual disabilities. Infants and Young Children (11) 2, 1-11.

Kelly, J. F., Morisset, C. E., Barnard, K. E., & Patterson, D. L. (1996). Risky beginnings: Low maternal intelligence as a risk factor for childrens' intellectual development. Infants & Young Children (8) 3, 11-23.

Saturday, October 28

MORNING

Assessment of family resources, priorities, and concerns

- Supporting Families
- IFSP
- In Class Activity: Family Interviews

Packet

Bernheimer, L., & Keogh, B. K. (1995). Weaving interventions into the fabric of everyday life: An approach to family assessment. Topics in Early Childhood Special Education (15) 4, 415-433.

Hirshberg, L. M. (1996). History-making, not history-taking: Clinical interview with infants and their families. In S. J. Meisels & E. Fenichel (Eds.), New visions for the developmental assessment of infants and young children (pp.85-124). Washington, DC: Zero to Three.

Lowenthal, B. (1993). The family interview: A technique to early childhood assessment. Infant-Toddler Intervention (3) 2, 101-108).

Textbooks

Beckman, P. J., & Stepanek. J. S. (1996). Facilitating collaboration in meetings and conferences. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 91-108). Baltimore: Brookes Publishing.

Rosin, P. (1996). The individualized family service plan: The process. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care (pp. 81-118). Baltimore: Brookes Publishing.

*Stepanek. J. S., Newcomb. S., & Kettler, K. (1996). Coordinating services and identifying family priorities, resources, and concerns. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 69-90). Baltimore: Brookes Publishing.

AFTERNOON

Teaming

- Models
- Characteristics of Effective Teams
- Dynamics of Teams

Packet

Briggs, M. H. (1997). A systems model for early intervention teams. Infants and Young Children (9) 3, 69-77.

Olson, J., & Murphy, C. L. (1999). Self-assessment: A key process of successful team development. Young Exceptional Children (2) 3, 2-8.

Textbooks

Beckman, P. J., Newcomb, S., Frank, N., & Brown, L. Evolution of working relationships with families. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 17-30). Baltimore: Brookes Publishing.

SATURDAY, NOVEMBER 18

MORNING

Interagency and community collaboration

- Interagency agreements
- Transitions
- Referrals
- Service coordination
- Roles and Responsibilities
- Models
- Networking
- Obtaining Financial Support

Textbooks

Jesien, G. S. (1996). Interagency collaboration: What, why, and with whom? In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care (pp. 187-204). Baltimore: Brookes Publishing.

Newcomb, S., & Brown, L. (1996). Strategies for supporting families during transitions. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 151-168). Baltimore: Brookes Publishing.

Whitehead, M. D. (1996). Service Coordination and models of coordination. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care (pp. 205-222). Baltimore: Brookes Publishing.

Whitehead, M. D. (1996). Roles of service coordination. In P. Rosin, A. D. Whitehead, L. I. Tuchman, G. S. Jesien, A. L. Begun, & L. Irwin (Eds.), Partnerships in family-centered care (pp. 223-236). Baltimore: Brookes Publishing.

*Lerner, J. W., Lowenthal, B., & Egan, R. (1998). Transition. In J. W. Lerner, B. Lowenthal, & R. Egan, Preschool children with special needs (pp. 259-277). Boston: Allyn and Bacon.

AFTERNOON

Consultation, Collaboration, and Technical Assistance

- Definitions
- Roles and Responsibilities

Packet

Buysse, V., Schulte, A. C., Pierce, P. P., & Terry, D. (1994). Models and styles of consultation: Preferences of professionals in early intervention. Journal of Early Intervention (18) 3, 302-310.

Wesley, P. W. (1994). Providing on-site consultation to promote quality in integrated child care programs. Journal of Early Intervention (18) 4, 391-402.

Saturday, December 2

MORNING

Service focus

- Respite care
- Support groups
- Siblings

Packet

Culpepper, M., Tompkins-McGill, P., Stimmel, M., & Stevens, J. E. (1991). Developing a respite program in a rural community (Report No. RC-018-658). Espanola, NM: Las Cumbres Learning Services, Inc. IERIC Document Reproduction Service No. ED353094).

Santelli, B., Turnbull, A., Marquis, J., & Lerner, E. (1997). Parent-to-parent programs: A resource for parents and professionals. Journal of Early Intervention (21) 1, 73-83.

Textbooks

Frank, N. (1996). Helping families support siblings. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 169-190). Baltimore: Brookes Publishing.

Frank, N., Newcomb, S., & Beckman, P. J. (1996). Developing and implementing support Groups for families. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 127-150). Baltimore: Brookes Publishing.

Stepanek, J. S., & Newcomb, S. (1996). Strategies for working with families when a child dies. In P. J. Beckman (Ed.), Strategies for working with families of young children with disabilities (pp. 191-214). Baltimore: Brookes Publishing.

Websites

The Arc. (1999-2000). Respite care. Arlington, TX: Author. Retrieved July 5, 2000 from the World Wide Web: http://thearc.org/faqs/respite.html

ARCH National Resource Center for Respite & Crisis Care Services. (2000, April 1). Chapel Hill, NC: Author Retrieved July 5, 2000 from the World Wide Web: http://www.chtop.com/archbroc.htm

National Respite Coalition. (?)National Respite Coalition. . Annandale, VA: Author. Retrieved July 5, 2000 from the World Wide Web: http://www.chtop.com/NRC.htm

NICHCY NEWS DIGEST (June, 1996). RESPITE CARE. Washington, DC: Author. Retrieved July 5, 2000 from the World Wide Web: http://www.nichcy.org/pubs/newsdig/nd12txt.htm

AFTERNOON

Abuse and Neglect

Ethics

- CEC and NAEYC

Packet

Mitchell, L. M., Turbiville, V., & Turnbull, H. R. (1999). Reporting abuse and neglect of children with disabilities: Early childhood service providers' views. Infants and Young Children (11) 3, 19-26.

Vadasy, P. F. (1989). Child maltreatment and the early childhood special educator. Topics in Early Childhood Special Education (9) 2, 56-72.

Youngblade, L. M., & Belsky, J. (1989). Child maltreatment, infant-parent attachment security, and dysfunctional peer relationships in toddlerhood. Topics in Early Childhood Special Education (9) 2, 1-15.

Select two articles from this group to read:

Able-Boone, H. (1996). Ethics and early intervention: Toward more relationship-focused interventions. Infants and Young Children (9) 2, 13-21.

Bowe, F. G. (1995). Ethics in early childhood special education. Infants and Young Children (7) 3, 28-37.

McWilliam, R. A. (1999). Controversial Practices: The need for a reacculturation of early intervention fields. Topics in Early Childhood Special Education (19) 3, 177-188.

Yonovitz, L. B., & Shipps, T. B. (1992). Ethical decision making: A case for moral plurality. Infant-Toddler Intervention (2) 2, 127-139.

Websites

Council for Exceptional Children. (1997). CEC Code of Ethics and Standards of Practice. Reston, VA: Author. Retrieved February 22, 2000 from the World Wide Web: http://www.cec.sped.org/ps/code.htm.

National Association for the Education of Young Children. (1997). NAEYC's Position Statements. Washington, DC: Author. Retrieved July 5, 2000 from the World Wide Web: http://www.naeyc.org/about/about_index.htm.

National Clearinghouse on Child Abuse and Neglect Information. (2000). Information about Child Abuse and Neglect. Washington, DC: Author. Retrieved July 26, 2000 from the World Wide Web: http://www.calib.com/nccanch/index.htm

Textbooks

*Harrison, H. (1997). Ethical issues in family-centered neonatal care. In A. H. Widerstrom, B. A. Mowder, & S. R. Sandall (Eds.), Infant development and risk (2nd ed., pp. 175-196). Baltimore: Brookes Publishing.

*Able-Boone, H. (1997). Ethics in early intervention. In A. H. Widerstrom, B. A. Mowder, & S. R. Sandall (Eds.), Infant development and risk (2nd ed., pp. 175-196). Baltimore: Brookes Publishing.

SYLLABUS
SEI 509
Administration, Supervision, and Public Policy In Early Intervention

FALL, 2000

CATALOG DESCRIPTION

Examines characteristics of effective leadership, managing components of early intervention programs, program evaluation, state and federal policies concerning early intervention, public policy, and supervision and staff development in the field of early intervention.

COURSE DESCRIPTION

This course is designed to help prepare graduate-level students for leadership positions in the field of early intervention. The course focuses on issues involved in: (a) providing effective leadership; (b) planning, implementing, and evaluating early intervention programs and services; (c) supporting early intervention personnel, including supervision, mentoring, staff development, and inservice and pre-service training; (d) federal and state legislation relevant to early childhood and early intervention; (e) public policy for early childhood programs and services; and (f) promoting advocacy and systems change. Students will apply course content through a variety of activities and assignments including on-line discussion of issues or controversies, planning or evaluating an early intervention or early childhood program, participating in a panel discussion on service delivery issues, discussing case scenarios involving supervisory situations, analyzing state and federal policies, developing plans to influence public policies, and obtaining and sharing information about the Part C systems in other states.

COURSE INFORMATION

Credit: 3 semester credits
Prerequisites: Enrollment in the grant Rural Early Intervention Specialists for Low Incidence Disabilities
Meeting Place: To be announced
Meeting Times: Thursday, 4:00-7:00 pm (this day and time is tentative and is dependent on availability of the ATM system for Fall semester)

INSTRUCTORS

Name: Sandra Doctoroff
Office: Corbett Hall, # 104
Phone Number: 581-1437
E-mail: Sandra.Doctoroff@umit.maine.edu

Name: Sharon L. Gilbert
Office: Corbett Hall, #106
Phone Number: 581-1219
E-mail: Sharon.Gilbert@umit.maine.edu

TEXTBOOKS AND COURSE MATERIALS

A packet of required course readings will be available for purchase through UNET and will also be on reserve at selected University of Maine System libraries.

COURSE OBJECTIVES

As a result of active participation and successful completion of course requirements, the student will be able to:

- Discuss the nature of leadership and skills that are essential for effective leadership in the early childhood and early intervention fields.
- Identify and discuss issues and processes in carrying out administrative functions of early intervention programs including policy development, staffing, management of monetary resources, task and resource scheduling, record keeping, and monitoring and controlling for quality.
- Develop and articulate a program's mission, philosophy, and goals and identify supporting policies, practices, and activities incorporating an emphasis on principles of family-centered, culturally sensitive, developmentally appropriate, and inclusive early intervention.
- Identify major sources of state and federal funds that support early intervention services.
- Discuss NAEYC accreditation standards and relevant state regulations for programs for infants and young children.
- Discuss current trends, practices, and procedures in planning and conducting comprehensive evaluations of early intervention services for infants and young children and their families.
- Plan and implement evaluations of program components and activities of early childhood and/or early intervention programs.
- Discuss the characteristics of high quality, effective service delivery systems and options for infants and young children with disabilities and their families that incorporate the principles of family-centered, culturally sensitive, developmentally appropriate and inclusive early intervention.
- Discuss issues, strategies, and options in establishing inclusive services and settings for young children with disabilities.
- Discuss issues, strategies, and options in establishing family-centered policies in early intervention and early childhood services and programs.

- Discuss the purposes and functions of staff supervision in early intervention programs, models of supervision, and methods of evaluating performance.

- Discuss issues and strategies in planning, implementing and evaluating training activities to promote the acquisition of new knowledge or skills by professionals and/or family members.

- Identify local, state, and national disability and children's advocacy organizations and discuss strategies for advocating for and with families and their infants/children with disabilities and influencing public policies.

- Describe and apply strategies for fostering positive systems change in early childhood programs and organizations through collaborative action.

- Discuss the provisions of federal and state legislation and other state and federal policies that affect service delivery to infants and young children with disabilities and their families.

- Analyze social, economic, and political factors that influence the development and implementation of public policies.

- Apply methods of public policy analysis to local, state, and federal policies that affect service delivery to infants and young children with disabilities and their families and formulate public policy recommendations.

TEACHING METHODS

Group discussion, small group activities, group projects, presentations by guest lecturers, a panel discussion and videotapes, as well as lecture will be employed in this class. Assignments will be designed to provide direct experiences with course content and to extend learning about concepts and issues addressed in this course.

COURSE REQUIREMENTS

Attendance and Participation

Regular class attendance and active participation in class discussion and activities is expected of all students. Students are responsible for obtaining any information disseminated in a class they miss.

Course Readings

Students are expected to have read the assigned readings and to be prepared to discuss them in class. The assigned readings for each session are listed on the course schedule. Additional readings may be assigned by the instructor on an as-needed basis.

Cheating and Plagiarism

Each student is expected to abide by the policies listed in the University of Maine Online Student Handbook (http://www.umaine.edu/handbook/default.htm). Disciplinary action described in the handbook will be applied to students who violate university policy. **Cheating and plagiarism will not be tolerated and are cause for mandatory dropping of the course.** Plagiarism is presenting another's words or ideas as one's own. Quotation marks are to be used if someone else's exact words are used. If another's words or ideas are paraphrased, the original author is to be cited in the paper and reference section. Please refer to the American Psychological Association (APA) manual for specifics on plagiarism (pages 292-294) and properly quoting sources (pages 95-99). The current APA Manual does not provide examples of how to cite electronic sources. This information can be found at http://www.apa.org/journals/webref.html

Assignments

The student's identification number is to be used on all projects and exams, except those pertaining to practicum. The assignments are to be turned in individually, **STAPLED, TYPED**, and **DOUBLE-SPACED. A COVER SHEET** with your number, project title, and date is to be **STAPLED** to the front of the project. All projects requiring references are to be **CITED and REFERENCED** in American Psychological Association (**APA**) style. Headers and page numbers should be used to organize the projects. **CAREFUL READING OF THE DIRECTIONS** to ensure each component of a project is covered is strongly recommended by the instructors. The student is responsible for effectively using his/her time to complete the projects in a timely manner.

Any children or families involved in projects for the class will remain anonymous through the use of fictitious names. Students should obtain access to children's files by signing access forms prior to reviewing the files.

Students with Disabilities

If the accommodations requested can not be provided by the instructors, the student is responsible for contacting the University's disability liaison in writing. Documentation of the disability and requested accommodations may be necessary.

COURSE PROJECTS

Participation in On-Line Discussion

Each week a "Question of the Week" will be posted on the Course Info discussion boards. The questions will be relevant to the course content and will pose a problem or a controversy. Students can propose a question for the week by posting one to the proper discussion board or giving the question to the instructor during class. The instructors will then select a question from those submitted. Students may contribute as frequently as they wish to the discussion. All students, however, will be expected to contribute at least seven times over the 14-week session. The following scale will be used in assigning points: 7 posts equals 15 points, 6 posts equals 12 points, 5 posts equals 9 points, 4 posts equals 6 points, 3 posts equals 3 points, 2 posts equals 1 point, 1 post equals 1 point and 0 posts equals 0 points.

Panel Discussion

All students will participate on one of four panels (on October 13th) that will focus on issues in early intervention service delivery including (a) quality/frequency/intensity of EI service delivery, (b) creating family-centered policies, (c) promoting inclusive services and settings, and (d) special challenges in service delivery. Readings listed in the course schedule should provide a starting point for the panelists' consideration of the issues. Panelists should become well informed about the particular issues through reading journal articles or book chapters or other publications and finding information on relevant web sites. The National Early Childhood Technical Assistance System (NECTAS) website (http://www.nectas.unc.edu/) may be helpful in researching information on these issues. Information from various Office of Special Education Programs (OSEP) funded projects that have a focus on particular issues can also be accessed from the NECTAS website. During the panel discussion the panelists will discuss the various issues and factors involved and potential options or approaches to each issue. After presenting information on the issues, the panel should invite questions and comments from the audience (other members of the class). Panelists will be responsible for preparing and distributing a handout that summarizes the issue and provides information on resources that focus on the issue.

To be turned in: a handout prepared by the panel group summarizing the issue(s) and providing information on relevant resources. The handout should be posted on First Class or Course Info or sufficient copies should be made for distribution to all of the students in the class.

Sharing Information on Part C Programs

Each student will be responsible for obtaining information about the Part C program in one of the participating states or jurisdictions. Contact information for Part C coordinators for each state can be found at http://www.nectas.unc.edu/contact/ptccoord.html. Many states also have web sites for their Part C programs. Information about the state programs will be shared during class discussion on Part C implementation on November 16th. The instructor will fill in a chart comparing the provisions for each component across the various state systems based on the student reports. Students will also prepare a handout summarizing the various aspects of the state system including:

- public awareness and child find
- eligibility
- service coordination system
- natural environments
- child evaluation/assessment
- IFSP
- family resources and supports
- family access to information and resources

- personnel training and professional development
- Interagency Coordinating Council (ICC) and LICCs
- How the system is organized (agencies or organizational units that deliver basic EI services)
- State-level Part C infrastructure (staff at state level focused on Part C and any other system-level resources)
- Any unique aspects of the system not listed here

To be turned in: A handout summarizing the various aspects of the particular state Part C system. The handout should be posted on First Class or Course Info or sufficient copies should be made for distribution to all of the students in the class.

Supervision Case Scenario or Reflection

Students will be presented with several case scenarios dealing with supervisory issues for class discussion. In addition, students will be asked to respond in writing to one additional scenario that they will receive in class on October 27th or to reflect on a personal supervisory experience (the student's experience in supervising a person under their direct supervision). The students will discuss the issues involved in the particular situation, the philosophy or approach to supervision represented, and how the issues should be (or were) responded to or resolved. If the student is discussing a situation that she was personally involved with, provide sufficient information so that the instructor can understand the full context of the situation.

To be turned in: A 1-3 page response to the scenario or discussion of the issues involved in the supervisory situation.

Planning or Evaluating a Program

Choose one of two options for this project. Either (1) develop a plan for some type of early intervention or early childhood program or (2) develop and implement a program evaluation.

Option1: Plan a Program

The student will prepare a complete description of a new program that she is proposing that will serve infants and/or young children and their families. This can be a freestanding program or a program within an existing agency. The program can have a specialized or more general purpose, provide direct or indirect services, and if it provides direct services can be home-based, center-based, or combine home and center-based services. Some examples of programs include: (a) a program that provides consultative and other supportive services to inclusive child care centers and/or family child care homes, (b) a family literacy program, (c) an Early Head Start program, (d) a program with an infant mental health focus; (e) a program that serves families at-risk, (f) an NICU tracking and/or follow-up program, (g) an early intervention program designed to meet the needs of children who are medically fragile and their families, (h) a respite care program, (i) or an inclusive child care or preschool program. The program should incorporate inclusive, developmentally appropriate, family-centered, culturally sensitive practices and this should be apparent in the program description. Program policies and procedures should comply with relevant state and federal regulations and legislative requirements.

This project can be done as a group project or as an individual project. If done as a group project, one project will be handed in and the group grade will be the grade that all students in the group receive. Although some of the components and special features of programs will vary depending on their purpose, program descriptions should include the following:

- Mission/vision statement (what you envision this program doing) and the specific goals of the program
- Rationale for program (why this program is needed)
- Target population (who will be served)
- Potential funding sources and other resources
- Program philosophy (principles of practice and/or theoretical grounding)
- Administrative structure
- Staffing of program (indicate the number and type of positions and responsibilities of each position)
- Description of team model and procedures for facilitating team collaboration
- Provisions for motivating, supporting, training, and supervising staff
- Community/interagency networking/collaboration
- How on-going planning and decision-making will be facilitated
- Child/family recruitment strategies and/or referral procedures
- Description of each program component and/or activity and how it will be carried out (e.g., intake procedures, IFSP planning, curriculum, home visits, assessment, consultation, toy lending library, play groups, support groups, consultation, transition planning, model for providing therapies, transportation etc.) and staff who will carry these out.
- Program budget (identify major funding categories and estimate costs and balance with projected program funding and resources)
- Program evaluation (types of questions that might need to be addressed and examples of measures)

To be turned in: an 8 to 12 page paper that includes all of the above components.

Option2: Program Evaluation

Design an evaluation of an existing early intervention or early childhood program. For this project the student will identify specific questions about aspects of the program or issues or challenges that have occurred in implementing aspects of the program, select or develop instruments or other types of measures to address the questions, and implement the measures with a small sample (responses from a minimum of 6 cases or respondents). Information obtained for the evaluation can be quantitative or qualitative. Evaluation measures can include rating scales, questionnaires, observational measures, documents (e.g., IFSP, plan of care, child records), results of child assessments, and data obtained from interviews and focus groups. **This project**

can be done as a group project or as an individual project. If done as a group project, one project will be handed in and the group grade will be the grade that all students in the group receive. The project to be handed in should include all of the following:

- Description of the overall program (e.g., purpose, target population, components, staffing)
- Aspect(s) of the program to be evaluated, including background information on the particular areas of concern
- Target audience for evaluation findings
- Evaluation questions
- For **each evaluation question** provide a description of the instrument(s) or measure(s) which will address it and rationale for using the measure and copies of all surveys, rating scales, or questionnaires or lists of questions to be asked in interviews or in focus groups.
- Data collection plan (e.g., who will collect the data, who the respondents will be, who will administer the measures, when the data will be collected, who will collate or analyze the data, etc.).
- Discussion of findings and potential implications for program practices or policies.

To be turned in: an 8 to 12 page paper addressing all of the above components and copies of measures or questions.

Systems Change Project (in-class project)

Students will identify a general area of concern within the early care and education and/or early intervention systems in the State of Maine and develop a plan for addressing a specific issue within the broader context of the area of concern. This project will be completed by small groups primarily during class time. The steps in the project are

- Identify the general area of concern
- Identify stakeholders
- Create a vision
- Assess the current context
- Identify priority challenges and develop objectives
- Strategize/develop an action plan for affecting change for one specific objective including the objective, strategy(ies), action steps, persons responsible, resources needed, and timeline

To be turned in: A report discussing each of the above steps and the action plan developed by the group.

RELATIONSHIP BETWEEN COURSE REQUIREMENTS AND PROGRAM COMPETENCIES/PORTFOLIO:

Projects for this course are designed to help you meet program competency requirements and to provide documentation of your achievement of those competencies. The Student Competency Guide lists competencies emphasized in this course and course projects and assignments which can be used to document those competencies in your program portfolio.

EVALUATION OF LEARNING

Evaluation of Course Projects/Assignments

Specific criteria and procedures for the assignments are given in the syllabus. In order to receive a satisfactory grade (i.e., "B" or better), all critical objectives must be achieved at a criterion level sufficient to demonstrate mastery. A grade of "I" will be given only under extenuating circumstances. The student will have to demonstrate to the instructors why an assignment could not be completed by the due date and a new due date will be chosen by the instructors. It is the student's responsibility to let the instructors know before assignments are due that extenuating circumstances prevented him/her from completing the work. The assignments from one class should be completed before the start of the next course.

Point Values

Assignment	Point Value	Due Date
On-line discussion	15	Ongoing
Panel discussion	20	10/5 or 10/12
Information on Part C programs	25	11/16
Supervision case scenario/reflection	20	11/30
Plan a program or program evaluation	50	12/20
Systems change project	20	12/14
Total Points	**150**	

Criteria for Final Grade

A = 150 to142 points
A- = 141 to135 points
B+ = 134 to 130 points
B = 129 to 124 points
B- = 123 to 120 points
C+ = 119 to 115 points
C = 114 to 109 points
C- = 108 to 105 points
D = 104 to 90 points
F = below 90 points

COURSE SCHEDULE

9/7 ***Planning, Implementing, and Evaluating Early Intervention Programs and Services***

Providing effective leadership

Formulating the program mission/vision, philosophy, and goals

Reading: Bertacchi (1996); Kennel (1996); Mach-Ward, Meyer, & Bertacchi (1996); Martner (1996); Sexton & McRae (1996); Taba (1999)

Bertacchi, J. (1996). Relationship-based organizations. Zero to Three, 17(2), 1-7.

Kennel, P. (1996). Working with the written-off: Building relationships in Grand Boulevard. Zero to Three, 17(2), 27-30.

Mach-Ward, G. (1996). Lessons leaders learn. Zero to Three, 17(2), 8-15.

Martner, J. (1996). Comprehensive programs: Comprehensive balancing acts. Zero to Three 17(2), 21-26.

Sexton, L. & McRae, B. (1996). A dream is a work in progress: Providing integrated services to parents an children in rural North Carolina. Zero to Three 17(2), 31-37.

Taba, S. (1999). Lighting the path: Developing leadership in early education. Early Childhood Education Journal (26) 3, pp.173-77.

9/14 ***Planning, Implementing, and Evaluating Early Intervention Programs and Services***

Planning and managing programs

Reading: Feinberg, Hanft, & Marvin (1996);Hanson & Lynch (1995); Shoemaker (1995)

Feinberg, E. A, Hanft, B., & Marvin, N. (1996). Program evaluation and strategic planning in early intervention: General principles and a case example. Infants and Young Children, 8(4), 41-48.

Hanson, M. J., & Lynch, E. W. (1995). Managing program components (Chapter 11). In Early intervention: Implementing child and family services for infants an toddlers who are at risk or disabled (2nd ed., pp. 238-322). Austin, TX: PRO-ED.

Shoemaker, C. J. (1995). Planning (Chapter 8). In Administration and management of programs for young children (pp. 141-153). Englewood Cliffs, NJ: Merrill.

9/21 ***Planning, Implementing, and Evaluating Early Intervention Programs and Services***

Finance and budgeting
Standards, regulations, and accreditation

Reading: Akers & Roberts (1999); Kates (1998); NAEYC; National Conference of State Legislators (1999); Taylor (1997)

Akers, A. L., & Roberts, R. N. (1999). The use of blended and flexible funding in Part C programs at the community level. Infants and Young Children, 11(4), 46-52.

Kates, D. A. (1998). Constructing an interagency funding system for early intervention services. Infants and Young Children, 11(2), 73-81.

National Association for the Education of Young Children (2000). NAEYC Accreditation. http://www.naeyc.org/accreditation/default.asp

National Conference of State Legislators (1999). Funding inclusive child care. State Legislative Report, 24(1) http://www.ncsl.org/programs/cyf/FICCslr.htm

Taylor, B. J. (1997). Finance and budgeting (Chapter 11). In Early childhood program management: People and procedures (pp. 361-382). Upper Saddle River, NJ: Merrill.

9/28 ***Planning, Implementing, and Evaluating Early Intervention Programs and Services***

Grant writing

Reading: Levine (2000); Miner (1997); Nelsen; The Foundation Center

1. Read two (2) of the following:

A Guide to Proposal Planning & Writing (Lynn E. Miner), January 9, 1997. http://www.uvm.edu/~reshmpg/miners~1.htm

The Foundation Center. A proposal writing short course, Part 1 and Part 2. http://fdncenter.org/onlib/shortcourse/prop1.html

A few ideas about pursuing federal funding (Ralph Nelsen). http://www.col-ed.org/fund/ideas.html

Guide for writing a funding proposal (S. Joseph Levine), February 8, 2000. http://www.canr.msu.edu/aee/dissthes/proposal.htm

2. Identify and bring to class information about two additional resources on grant writing and/or funding sources.

10/5 ***Planning, Implementing, and Evaluating Early Intervention Programs and Services***

Service delivery issues for panel discussions:

- *Quality/frequency/intensity of EI services*
- *Creating family-centered policies*

Reading: Aytch et al. (1999); Hanft & Feinberg (1997); LeLaurin (1992); Judge (1997); Mahoney & Filer (1996); Wesley, Buysse, & Tyndall (1997)

Quality/frequency/intensity of EI services

Aytch, L. S., Cryer, D., Bailey, D. B., & Selz, L. (1999). Defining and assessing quality in early intervention programs for infants and toddlers with disabilities and their families: Challenges and unresolved issues. Early Education & Development, 10(1), 7-23.

Hanft, B. E., & Feinberg, E. (1997). Toward the development of a framework for determining the frequency and intensity of early intervention services. Infants and Young Children, 10(1), 27-37.

LeLaurin, K. (1992). Infant and toddler models of service delivery: Are they detrimental for some children? Topics in Early Childhood Special Education, 12(1), 82-104.

Creating family-centered policies

Judge, S. L. (1997). Parental perceptions of help-giving practices and control appraisals in early intervention programs. Topics in Early Childhood Special Education, 17(4), 457-476.

Mahoney, G., & Filer, J. (1996). How responsive is early intervention to the priorities and needs of families? Topics in Early Childhood Special Education, 16(4), 437-456.

Wesley, P. W., Buysse, V., & Tyndall, S. (1997). Family and professional perspectives on early intervention: An exploration using focus groups. Topics in Early Childhood Special Education, 17(4), 435-456.

10/12 ***Planning, Implementing, and Evaluating Early Intervention Programs and Services***

Service Delivery Issues for Panel Discussions:

- *Promoting inclusive services and settings*
- *Special challenges in service delivery*

Reading: Bricker (2000); Bruder & Staff (1998); Odom (2000); Baroni et al. (1994); Doctoroff (1995); McGarr, Dwyer, & Holland (1995)

Promoting inclusive services and settings

Bricker, D. (2000). Inclusion: How the scene has changed. Topics in Early Childhood Special Education, 20(1), 14-19.

Bruder, M. B., & Staff, I. (1998). A comparison of the effects of type of classroom and service characteristics on toddlers with disabilities. Topics in Early Childhood Special Education, 18(1), 26-37.

Odom, S. L. (2000). Preschool inclusion: What we know and where we go from here. Topics in Early Childhood Special Education, 20(1), 20-27

Special challenges in service delivery

Baroni, M., Tuthill, P., Feenan, L., & Schroeder, M. (1994). Technology-dependent infants and young children: A retrospective case analysis of service coordination across state lines. Infants and Young Children, 7(1), 69-78

Doctoroff, S. (1995). Providing early intervention services in rural areas: Meeting the challenge. Infant-Toddler Intervention, 5(4), 339-352.

McGarr, B., Dwyer, J., & Holland, M. (1995). Delivering nutrition services in early intervention in rural areas. Infants and Young Children, 7(3), 52-62.

10/19 ***Planning, Implementing, and Evaluating Early Intervention Programs and Services***

Designing and Implementing Program Evaluations

Reading: Cohen & Spenciner (1994); Harrison (1995)

Cohen, L. G., & Spenciner, L. J. (1994). Implementing program evaluation (Chapter 13). In Assessment of young children (pp. 445-461). New York: Longman.

Harrison, P. J. (1995). Evaluating programs (Chapter 13). In (M. J. Hanson & E. W. Lynch), Early intervention: Implementing child and family services for infants and toddlers who are at-risk or disabled (2^{nd} ed., pp. 288-322). Austin, TX: PRO-ED.

10/26 ***Supporting Staff and Team Building***
Supervision
Evaluation of staff
Mentoring
Coaching
Support strategies

Reading: Gallacher (1997); Krahn, Thom, Hale, & Williams (1995); Norman-Murch (1996)

Gallacher, K. K. (1997). Supervision, mentoring, and coaching: Methods for supporting personnel development. In P. J. Winton, J. A. McCollum, & C. Catlett (Eds.), Reforming personnel preparation in early intervention: Issues, models, and practical strategies (pp. 191-214). Baltimore, MD: Brookes.

Krahn, G. L., Thom, V. A., Hale, J., & Williams, K. (1995). Running on empty: A look at burnout in early intervention professionals. Infants and Young Children, 7(4), 1-11.

Norman-Murch, T. (1996). Reflective supervision as a vehicle for individual and organizational development. Zero to Three, 17(2), 16-20.

11/2 ***Supporting Staff and Team Building***
DISCUSS SUPERVISION CASE SCENARIOS

Reading: TBA

11/9 ***Supporting Staff and Team Building***
Designing, leading, and evaluating staff development, preservice, or inservice training activities

Reading: Trohanis (1994); Striffler & Fire (1999); Wesley & Buysse (1997); Williamson (1995)

Striffler, N., & Fire, N. (1999). Embedding personnel development into early intervention service delivery: Elements in the process. Infants and Young Children, 11(3), 50-61.

Trohanis, P. L. (1994). Planning for successful inservice education for local early childhood programs. Topics in Early Childhood Special Education, 14(3), 311-332.

Wesley, P. W., & Buysse, V. (1997). Community-based approaches to personnel preparation. In P. J. Winton, J. A. McCollum, & C. Catlett (Eds.), Reforming personnel preparation in early intervention: Issues, models, and practical strategies (pp. 53-80). Baltimore, MD: Brookes.

Williamson, G. G. (1995). Reflecting on the art of teaching. In L. Eggbeer & E. Fenichel (Eds.), Educating and supporting the infant/family work force: Models, methods, and materials (Special issue). Zero to Three, 15(3), 41-45.

11/16 ***Federal and State Legislation***

State legislation
Implementation of IDEA
States' responses to implementing Part C and Section 619
SHARE INFORMATION ON STATE PART C PROGRAMS

Reading: Brown & Conroy (1999); Gallagher, Harbin, Eckland, & Clifford (1993); Rosenkoetter, Shotts et al. (1995)

Brown, W., & Conroy, M. (1999). Entitled to what? Public policy and the responsibilities of early intervention. Infants and Young Children, 11(3), 27-36.

Gallagher, J. J., Harbin, G., Eckland, J., & Clifford, R. (1994). State diversity and policy implementation: Infants and toddlers. In L. J. Johnson, R. J.,Gallagher, & M. J. LaMontagne, (Eds.), Meeting early intervention challenges: Issues from birth to three (2nd ed.,pp. 235-250). Baltimore: Paul H. Brookes Publishing Co.

Rosenkoetter, S. E., Shotts, C. K., Streufert, C. A., Rosenkoetter, L. I., Campbell, M., & Torrez, J. (1995). Local intergency coordinating councils as infrastructure for early intervention: One state's implementation. Topics in Early Childhood Special Education, 15(3), 264-280.

11/23 Thanksgiving Holiday - no class

11/30 ***Federal and State Legislation***

Due process and procedural safeguards
Other federal legislation (e.g. ADA, Head Start, Maternal- Child Health, Developmental Disabilities Act)

Reading: Craig & Haggart, 1994; Gittler & Hurth (1998a, 1998b); Head Start Fact Sheet

Craig, S. E., & Haggart, A. G. (1994). Including all children: The ADA's challenge to early intervention. Infants and Young Children, 7(2), 15-19.

Gittler, J., & Hurth, J. (1998a). Conflict management in early intervention: Procedural safeguards and mediation. Infants and Young Children, 11(1), 15-27.

Gittler, J., & Hurth, J. (1998b). Conflict management in early intervention: Problem-solving negotiation. Infants and Young Children, 11(1), 28-36.

Head Start Fact Sheet. U.S. Dept. of Health & Human Services, Administration for Children and Families, January 1999. http://www.acf.dhhs.gov/programs/opa/facts/headst.htm

12/7 *Public Policy in Early Intervention*
State and community context of public policy
Federal context of public policy
Policy development and implementation
Analyzing public policies
IN CLASS ASSIGNMENT: SYSTEMS CHANGE PROJECT

Readings: Gallagher (1989); Gallagher (1992); Trohanis (1993)

Gallagher, J. J. (1992). The role of values and facts in policy development for infants and toddlers with disabilities and their families. Journal of Early Intervention, 16(1), 1-10.

Gallagher, J. J. (1989). The implementation of social policy: A policy analysis challenge. In J. J. Gallagher, P. L. Trohanis, & R. M. Clifford (Eds.), Policy implementation and P.L. 99-457: Planning for young children with special needs (pp. 199-215). Baltimore: Paul H. Brookes Publishing Co.

Trohanis, P. L. (1994). Continuing positive changes through implementation of IDEA. In L. J. Johnson, R. J.,Gallagher, & M. J. LaMontagne, (Eds.), Meeting early intervention challenges: Issues from birth to three (2nd ed., pp. 217-233). Baltimore: Paul H. Brookes Publishing Co.

12/14 *Public Policy in Early Intervention*
Advocating for and with children and families
Influencing public policy
Strategies for systems change
IN CLASS ASSIGNMENT: SYSTEMS CHANGE PROJECT

Reading: Apter (1994); Families and Work Institute; Hayden et al. (1999); United Cerbral Palsy

Apter, D. S. (1994). From dream to reality: A participant's view of the implementation of Part H of P.L. 99-457. Journal of Early Intervention, 18(2), 131-140.

Hayden, P., Smith, B.J., Rapport, M. J., & Frederick, L. (1999). Facilitating change in comprehensive early childhood systems: Collaborative Planning Project for Planning Comprehensive Early Childhood systems. Denver, CO: University of Denver, School of Education. (ERIC Document Reproduction Service No. ED 435 152)

United Cerebral Palsy (UCP) Website: Advocacy & Public Policy–Advocacy Tools. http://www.ucp.org/ucp_generalsub.cfm/1/8/6602

Families and Work Institute Website: Community Mobilization Forums. http://www.familiesandwork.org/forums/index.html

Program Competencies

REIS/LID
Student Rating of Knowledge and Skills

NAME ______________________________ DATE ______________

Directions: Evaluate the items for each competency area and circle the appropriate rating.

1 = no training/opportunity
2 = emerging competence
3 = competent
4 = highly competent
5 = expert/able to train others

Competency Area	Level of Knowledge	Level of Skill
1. Typical and Atypical Infant/Child Development		
1.1 Knowledge of pre- and perinatal development.	1 2 3 4 5	
1.2 Knowledge of typical child development during infancy and the preschool years.	1 2 3 4 5	
1.3 Knowledge of sociocultural influences on child development.	1 2 3 4 5	
1.4 Knowledge of theories of child development.	1 2 3 4 5	
1.4 Knowledge of infant mental health issues.	1 2 3 4 5	
1.5 Knowledge of disabilities and medical conditions and their impact on child development in infancy and the preschool years.	1 2 3 4 5	
1.6 Ability to use knowledge of child development in assessment, intervention planning, and curriculum planning.		1 2 3 4 5

Competency Area	Level of Knowledge	Level of Skill
2. Collaborative Teaming		
2.1 Knowledge of teaming approaches and roles and methods of facilitating team processes.	1 2 3 4 5	
2.2 Knowledge of roles and responsibilities of service coordinators and methods of facilitating effective coordination and collaboration among agencies and between service providers and families.	1 2 3 4 5	
2.3 Ability to establish and maintain an effective consultative relationship.		1 2 3 4 5
2.4 Ability to effectively communicate and collaborate with family members and other team members in all aspects of service delivery.		1 2 3 4 5
3. Family Partnership		
3.1 Knowledge of the major elements of a family systems perspective and the implications for providing early intervention services.	1 2 3 4 5	
3.2 Knowledge of the impact on the family of having a child with a disability.	1 2 3 4 5	
3.3 Knowledge of the impact of cultural, linguistic, socioeconomic, and family structural factors on family systems and dynamics.	1 2 3 4 5	
3.4 Ability to assist the family to assess their resources, priorities, and concerns.		1 2 3 4 5
3.5 Ability to provide support and develop effective partnerships with families in all aspects of service delivery.		1 2 3 4 5
3.6 Ability to apply a family-centered philosophy in working with families.		1 2 3 4 5

Competency Area	Level of Knowledge	Level of Skill
4. Assessment, Program Development, and Implementation		
4.1 Knowledge of the different components of the assessment/evaluation.process and appropriate procedures for various activities at each stage of the process.	1 2 3 4 5	
4.2 Knowledge of the legal requirements and components of the IFSP and issues related to developing, implementing, and evaluating the IFSP.	1 2 3 4 5	
4.3 Knowledge of different data collection procedures for monitoring and documenting child progress.	1 2 3 4 5	
4.4 Knowledge of intervention approaches and strategies, including approaches for supporting the social relationships, active participation, and acquisition of functional skills of infants and young children with disabilities in inclusive and/or natural environments.	1 2 3 4 5	
4.5 Knowledge of developmentally appropriate environments and curriculum for infants and young children with and without disabilites.	1 2 3 4 5	
4.6 Ability to appropriately select and administer assessment instruments and procedures to infants and young children.		1 2 3 4 5
4.7 Ability to involve the family in planning and implementing assessment procedures.		1 2 3 4 5
4.8 Ability to effectively collaborate with the family and other team members in the development, implementation, and evaluation of the IFSP.		1 2 3 4 5

Competency Area	Level of Knowledge	Level of Skill
4. Assessment, Program Development, and Implementation, cont.		
4.9 Ability to select and implement appropriate intervention strategies and approaches to support the social relationships, active participation, and acquisition of functional skills of infants and young children with disabilities in inclusive and/or natural environments.		1 2 3 4 5
4.10 Ability to plan and implement developmentally appropriate environments, activities, and curricula for infants and young children and to select, adapt, and/or modify environment, curriculum, or activities for children with varied abilities, backgrounds, interests, strengths, and needs.		1 2 3 4 5
4.11 Ability to use appropriate data collection procedures to monitor and document child progress.		1 2 3 4 5
5. Administration, Supervision, and Staff Development		
5.1 Knowledge of different administrative roles and responsibilities.	1 2 3 4 5	
5.2 Knowledge of standards and characteristics of high quality service delivery systems.	1 2 3 4 5	
5.3 Knowledge of models and methods of supervision.	1 2 3 4 5	
5.4 Knowledge of how adults learn.	1 2 3 4 5	
5.5 Ability to plan, implement, and evaluate a program in collaboration with families and staff members.		1 2 3 4 5
5.6 Ability to create a positive climate for communication, collaboration, and		1 2 3 4 5

Competency Area		Level of Knowledge	Level of Skill
	professional growth among staff members.		
5.7	Ability to plan and deliver training to other adults.		1 2 3 4 5
5.8	Ability to supervise other adults.		1 2 3 4 5

Competency Area	Level of Knowledge	Level of Skill
6. Personal Professional Development		
6.1 Ability to evaluate your personal strengths and needs as they relate to your professional role.		1 2 3 4 5
6.2 Ability to engage in reflective thinking about practices in working with children, families, and other professionals.		1 2 3 4 5
6.3 Ability to clearly and articulately express yourself in oral and written form.		1 2 3 4 5
6.4 Ability to remain current in the early intervention field and maintain involvement in professional growth activities.		1 2 3 4 5
7. Research and Program Evaluation		
7.1 Knowledge of research methods and approaches used in the field of early intervention.	1 2 3 4 5	
7.2 Knowledge of procedures for planning and conducting program evaluations.	1 2 3 4 5	
7.3 Ability to evaluate and apply research findings to professional practice.		1 2 3 4 5
7.4 Ability to plan and implement a program evaluation.		1 2 3 4 5
8. Assistive and Instructional Technology		
8.1 Knowledge of available adaptive/assistive technologies and funding sources.	1 2 3 4 5	
8.2 Knowledge of the internet and the range of available on-line resources.	1 2 3 4 5	
8.3 Ability to assess assistive technology needs and assist families and childcare providers to access appropriate technology to meet the needs of infants and young children with disabilities.		1 2 3 4 5
8.4 Ability to utilize computers and on-line		1 2 3 4 5

Competency Area	Level of Knowledge	Level of Skill
and internet resources to better serve infants and young children with disabilities and their families.		

Competency Area	Level of Knowledge	Level of Skill
9. Professional Ethics, Advocacy, and Public Policy		
9.1 Knowledge of professional codes of ethics and application of codes of ethics and ethical principles to professional practice.	1 2 3 4 5	
9.2 Knowledge of local, state, and national legislation and policies related to early intervention for infants and young children with disabilities.	1 2 3 4 5	
9.3 Knowledge of strategies for influencing public policy.	1 2 3 4 5	
9.4 Ability to advocate for children with disabilities and their families and to assist families to advocate for their children.	1 2 3 4 5	
9.5 Ability to evaluate public policies related to early intervention for infants and young children with disabilities.	1 2 3 4 5	

Name: ______________________________

University of Maine
Rural Early Intervention Specialist/Low Incidence Disability Grant
Center for Community Inclusion

Directions: Please use the descriptions below to indicate the level at which you feel competent in each item. Reach each item and place a date in the column under the corresponding descriptor. If you indicate **COMPETENT**, **HIGHLY COMPETENT**, or **EXPERT / ABLE TO TRAIN OTHERS**, please complete the last two columns. The **Description of Techniques** pertains to the **Method** of **Demonstrating Competence**.

NO OPPORTUNITY / TRAINING – No opportunity to perform or demonstrate this competency or no formal training in the competency area.

EMERGING COMPETENCE – Had some exposure to the competency through formal training or on the job experience or able to perform the competency with supervision.

COMPETENT – Able to independently perform or demonstrate knowledge of the competency at a level commensurate with requirements of the position.

HIGHLY COMPETENT – Able to perform or demonstrate knowledge of the competency when applied in complex situations.

EXPERT / ABLE TO TRAIN OTHERS – Able to teach or train others in this competency.

I. Typical and Atypical Infant/Child Development

A. Typical Infant/Child Development

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. pre- and perinatal development in the areas of							
a. mechanisms of genetic transmission;						___ Performance ___ Product ___ Other	
b. environmental influences; and						___ Performance ___ Product ___ Other	
c. labor and delivery.						___ Performance ___ Product ___ Other	
2. infant and preschool development in the areas of							
a. theories of child development;						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
b. sequences of development and the interrelationship among developmental areas;						___ Performance ___ Product ___ Other	
c. typical neonatal development;						___ Performance ___ Product ___ Other	
d. physical growth, nutrition, and health;						___ Performance ___ Product ___ Other	
e. early brain development and implications for later development;						___ Performance ___ Product ___ Other	
f. sensory and motor development and their influences on cognitive, motor, and communication development;						___ Performance ___ Product ___ Other	
g. theories and processes of cognitive development;						___ Performance ___ Product ___ Other	

BEST COPY AVAILABLE

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
h. communication and language development; and						___ Performance ___ Product ___ Other	
i. social and emotional development.						___ Performance ___ Product ___ Other	
3. cultural, social, and familial influences on infant and early childhood development.						___ Performance ___ Product ___ Other	
4. interactions among familial, cultural, social factors and physical environments that enhance infant/child development.						___ Performance ___ Product ___ Other	

181

182

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Skill in:							
1. Applying knowledge of infant/child development to planning and implementing (a) evaluation and assessment, (b) program planning, (c) curriculum development, and (d) individual intervention.						___ Performance ___ Product ___ Other	

183

184

B. Atypical Infant/Child Development

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. pre-, peri-, and postnatal factors such as biological, neurological, sensory, and environmental conditions that can affect children's development and learning.						___ Performance ___ Product ___ Other	
2. infant mental health issues, including							
a. developmental consequences of stress and trauma;						___ Performance ___ Product ___ Other	
b. protective factors and resilience;						___ Performance ___ Product ___ Other	
c. attachment, separation, and loss; and						___ Performance ___ Product ___ Other	
d. the importance of supportive, nurturing relationships.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
3. etiology, characteristics, and classification of disabilities, including low incidence disabilities, in young children and specific implications for development and learning in infancy and early childhood.						___ Performance ___ Product ___ Other	
4. medical conditions and complications of premature, low birth weight, and other medically fragile infants and implications for child development and family resources, priorities and concerns.						___ Performance ___ Product ___ Other	
5. interactions among familial, cultural, social, and physical environments that prevent infants and children from achieving maximum growth and development.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Skill in:							
1. Applying knowledge of infant/ child development, including the impact of atypical development on an individual child, to planning and implementing (a) evaluation and assessment, (b) program planning, (c) curriculum development, and (d) individual intervention.						___ Performance ___ Product ___ Other	

BEST COPY AVAILABLE

C. Theory and Research

	NO TRAINING/ OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. methods used in infant/child development research.						___ Performance ___ Product ___ Other	
2. research related to risk factors and infant/child development.						___ Performance ___ Product ___ Other	
3. relevant research on the development of infants/children with special developmental needs, including low incidence disabilities.						___ Performance ___ Product ___ Other	

BEST COPY AVAILABLE

	NO TRAINING/ OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Skills in:							
1. applying theories of child development and current research to situations encountered in early education, family, and community contexts.						___ Performance ___ Product ___ Other	

II. Collaborative Teaming

A. Team Collaboration

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. models of team organization and leadership.						___ Performance ___ Product ___ Other	
2. strategies for facilitating team meetings which include family members and professionals from different disciplines.						___ Performance ___ Product ___ Other	
3. cultural, socioeconomic, linguistic, developmental, and psychological influences on team members.						___ Performance ___ Product ___ Other	
4. roles and contributions of families and individuals representing varying disciplines and agencies that comprise early intervention teams.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
5. functions of teams as determined by mandates and service delivery needs of infants/children and families.						___ Performance ___ Product ___ Other	
6. characteristics and dynamics of effective teams and barriers to team functioning.						___ Performance ___ Product ___ Other	
7. the definition of collaboration, coordination, consultation, and cooperation and how they differ from one another.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Skill in:							
1. employing communication skills to enhance team processes.						___ Performance ___ Product ___ Other	
2. collaborating as a team member in conducting family-centered assessments.						___ Performance ___ Product ___ Other	
3. collaborating as a team member in delivery of coordinated intervention.						___ Performance ___ Product ___ Other	
4. collaborating as a team member in evaluation of intervention services.						___ Performance ___ Product ___ Other	
5. applying knowledge of team dynamics to establish and maintain an effective team.						___ Performance ___ Product ___ Other	
6. participating in the process of role release with the family and other team members across disciplinary boundaries.						___ Performance ___ Product ___ Other	

B. Service Coordination and Interagency Collaboration

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. community resources, services, and supports available for families and how to network with those resources.						___ Performance ___ Product ___ Other	
2. the roles and responsibilities of service coordinators as defined by Part C of IDEA.						___ Performance ___ Product ___ Other	
3. models of service coordination and advantages and disadvantages of various models.						___ Performance ___ Product ___ Other	
4. elements that foster, as well as hinder, true collaboration among agencies.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Skill in:							
1. facilitating the referral of infants/children and their families to other agencies, disciplines, and programs.						___ Performance ___ Product ___ Other	
2. locating, gaining access to, and financing services, resources, and supports identified on the IFSP.						___ Performance ___ Product ___ Other	
3. establishing and maintaining effective collaboration among agencies or between service providers and families.						___ Performance ___ Product ___ Other	
4. collaboratively developing and evaluating interagency agreements.						___ Performance ___ Product ___ Other	

C. Consultation

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. the roles and functions of a consultant, including situations when this role is or is not appropriate in the provision of services for infants/children with disabilities						___ Performance ___ Product ___ Other	
2. procedures for being an effective consultant, as well as a consultee.						___ Performance ___ Product ___ Other	
3. the effects of different personality styles on consultative relationships						___ Performance ___ Product ___ Other	
4. effective communication techniques.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Skill in:							
1. providing consultation and training in content areas specific to services for infants/ children with disabilities and their families and in organizing/developing appropriate programs.						___ Performance ___ Product ___ Other	
2. applying various models of consultation in diverse settings.						___ Performance ___ Product ___ Other	
3. establishing, implementing and maintaining a consultative relationship with family members and other key individuals						___ Performance ___ Product ___ Other	
4. managing resistance, anger and negativity in consultative relationships.						___ Performance ___ Product ___ Other	
5. identifying positive and negative effects from efforts to influence the system.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
6. establishing and maintaining positive working relationships with others involved in the process, both as a consultant and as a consultee.						___ Performance ___ Product ___ Other	
7. evaluating progress of plans and making changes, as necessary.						___ Performance ___ Product ___ Other	

III. Family Partnership

A. Family Systems and the Dynamics of Interaction

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. the major elements of a family systems perspective and the implications for providing early intervention services.						___ Performance ___ Product ___ Other	
2. impact of cultural, linguistic, and socioeconomic factors, and family structure, on the family system.						___ Performance ___ Product ___ Other	
3. potential impact of a child with a disability on family dynamics and parent-child interaction.						___ Performance ___ Product ___ Other	
4. professional practices that influence the relationship between providers and families.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
5. barriers to effective communication with families.						___ Performance ___ Product ___ Other	
Skill in:							
1. establishing and maintaining positive and supportive relationships with families.						___ Performance ___ Product ___ Other	
2. responding to the impact of a child with a disability on family dynamics and parent-child interaction.						___ Performance ___ Product ___ Other	
3. helping families to identify and utilize sources of support, both formal and informal.						___ Performance ___ Product ___ Other	
4. supporting and facilitating family and parent-child interactions as the primary context for the development and learning of infants and young children.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
5. communicating effectively with families from diverse backgrounds.						___ Performance ___ Product ___ Other	

B. Family-Centered Approach

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. the principles underlying a family- centered approach to providing early intervention services.						___ Performance ___ Product ___ Other	
2. program policies and practices that are consistent with a family-centered approach.							

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Skill in:							
1. building upon family-identified strengths and abilities.							
2. communicating with families in a culturally competent manner.							
3. respecting parents' choices and goals for their children.							
4. promoting the acquisition of parent knowledge, skills, and confidence.							
5. offering help that matches the family's appraisal of their needs.							
6. seeking input and feedback from families regarding service planning and delivery, evaluation of services, and program policies and practices.							

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
7. evaluating the extent to which program practices are consistent with a family-centered approach.							

C. Theory and Research

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Trainee will demonstrate							
Knowledge of:							
1. major theories of family development and functioning.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
2. relevant research on the development and functioning of families of infants/children with disabilities.							
Skill in:							
1. applying theories of family development and functioning and current research to situations encountered in early education, family, and community contexts.							

221

IV. Assessment, Program Development, and Implementation

A. Child Find

Competencies	Child Study Project	Literature Review	Student Presentations	Analysis of Assessment Practices and Procedures	Assessment Instrument Review	NICU Applied Activities
Trainee will demonstrate						
Knowledge of:						
1. the components of a comprehensive child find system				✓		
2. screening instruments and procedures.						
3. the purpose and limits of screening instruments in identification of infants and young children with disabilities.						
Skill in:						
1. participating in the development, implementation, and/or evaluation of a comprehensive child find system.						

Competencies	Child Study Project	Literature Review	Student Presentations	Analysis of Assessment Practices and Procedures	Assessment Instrument Review	NICU Applied Activities
2. selecting and administering appropriate screening instruments.						

B. Comprehensive Evaluation

Competencies	Child Study Project	Literature Review	Student Presentations	Analysis of Assessment Practices and Procedures	Assessment Instrument Review	NICU Applied Activities
Trainee will demonstrate						
Knowledge of:						
1. preferred practices for assessments of infants and young children with disabilities.						

Competencies	Child Study Project	Literature Review	Student Presentations	Analysis of Assessment Practices and Procedures	Assessment Instrument Review	NICU Applied Activities
2. variety of appropriate assessment instruments and procedures for infants and young children with disabilities.						
3. the purposes of, and appropriate procedures for, various assessment activities in early intervention including screening, diagnostic/eligibility assessment, formative assessment, and summative assessment.						
4. measurement concepts and principles used in construction and interpretation of screening and assessment instruments.						
5. the requirements for assessment as mandated by federal legislation.						

Competencies	Child Study Project	Literature Review	Student Presentations	Analysis of Assessment Practices and Procedures	Assessment Instrument Review	NICU Applied Activities
Skill in:						
1. planning and implementing reliable and valid evaluation procedures which incorporate multimeasure, multisource, and multidomain information-gathering activities to determine eligibility and to develop the IFSP.						
2. interpreting and discussing evaluation information with families and others in a manner that is clear and understandable, and supports the infant/child and family.						
3. collaborating with other team members to integrate and summarize assessment results and recommendations.						

Competencies	Child Study Project	Literature Review	Student Presentations	Analysis of Assessment Practices and Procedures	Assessment Instrument Review	NICU Applied Activities
4. assisting families to identify their resources, priorities, and concerns through appropriate formal and informal procedures as determined by the family's willingness to participate and preferences for sharing information						
5. selecting and using a variety of informal and formal assessment instruments and procedures, including observational methods, to plan intervention make decisions about children's learning and development.						
6. gathering information from families in a way that is comfortable for family members.						

Competencies	Child Study Project	Literature Review	Student Presentations	Analysis of Assessment Practices and Procedures	Assessment Instrument Review	NICU Applied Activities
7. creating opportunities for families to share concerns, priorities, and resources on an ongoing basis.						
8. selecting and administering assessment instruments and procedures based on the purpose of the assessment being conducted and in compliance with established criteria and standards.						
9. developing and using authentic and naturalistic assessments of children's learning, including play-based and portfolio assessments to assist in planning and to communicate with children and parents.						

Competencies	Child Study Project	Literature Review	Student Presentations	Analysis of Assessment Practices and Procedures	Assessment Instrument Review	NICU Applied Activities
10. selecting and appropriately administering assessment instruments and procedures to infants and young children with low incidence disabilities.						
11. selecting and implementing culturally unbiased assessment instruments and procedures.						
12. collaborating with families to plan the assessment process.						
13. involving families, to the degree they choose, as active participants in the assessment process.						

C. Planning and Implementing the Individualized Family Service Plan (IFSP)

Trainee will demonstrate
Knowledge of:
1. the legal and regulatory requirements of IDEA 1997 relative to IFSP and IEP development.
2. the components of an IFSP and IEP.
3. the philosophical and conceptual framework for developing IFSPs.
4. issues related to developing, implementing, monitoring, and evaluating IFSPs.
Skill in:
1. developing a statement identifying family resources, priorities, and concerns related to enhancing the development of their child.

2. collaborating with the family and other team members to develop the IFSP, including determining (a) service options, (b) child and family outcomes, and (c) strategies and resources to achieve the desired outcomes, based on the family's resources, priorities, and concerns.
3. collaborating with the family and other team members to monitor the implementation of the IFSP.
4. collaborating with the family and other team members to evaluate progress in meeting child and family outcomes.

5. developing IFSPs/IEPs that facilitate successful transition of children with disabilities and their families into new services/settings.
6. implementing IFSP/IEP goals and objectives across a variety of activities and settings for infants and young children with disabilities.
7. integrating IFSP/IEP goals and objectives into the overall curriculum of infants and young children.

D. Intervention Strategies

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. naturalistic teaching techniques and strategies.						___ Performance ___ Product ___ Other	
2. approaches and strategies to facilitate and enhance							
a. motor development;						___ Performance ___ Product ___ Other	
b. cognitive development;						___ Performance ___ Product ___ Other	
c. communication and language development;						___ Performance ___ Product ___ Other	
d. social and emotional development;						___ Performance ___ Product ___ Other	
e. play development;						___ Performance ___ Product ___ Other	
f. adaptive/self-help skills; and						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
g. feeding and nutrition.						___ Performance ___ Product ___ Other	
3. a continuum of child guidance and problem solving techniques to prevent or reduce the occurrence of problematic behaviors and promote cooperative behavior and positive engagement with peers, activities, and materials.						___ Performance ___ Product ___ Other	
4. intervention practices and techniques to meet the needs of children with low incidence disabilities, including children with							
a. visual impairments;						___ Performance ___ Product ___ Other	
b. hearing impairments;						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
c. deaf-blindness;						___ Performance ___ Product ___ Other	
d. neuromotor impairments;						___ Performance ___ Product ___ Other	
e. autistic spectrum disorders;						___ Performance ___ Product ___ Other	
f. severe and profound cognitive impairments;						___ Performance ___ Product ___ Other	
g. multiple disabilities; and						___ Performance ___ Product ___ Other	
h. medically fragile/complex conditions.						___ Performance ___ Product ___ Other	
5. low-tech and high-tech assistive technologies which can support play, interactions, communication, learning, and independence in infants/children with low-incidence disabilities.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
6. methods of documenting infant/child progress and evaluating whether or not goals and objectives have been achieved.						___ Performance ___ Product ___ Other	
Skill in:							
1. incorporating information and strategies from multiple disciplines in the design of intervention strategies for infants/children with disabilities.						___ Performance ___ Product ___ Other	
2. providing consultation to other individuals who are working with the infant/child on IFSP/IEP goals and objectives.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
3. selecting, implementing, and evaluating child guidance and problem solving techniques to prevent or reduce the occurrence of problematic behaviors and promote cooperative behavior and positive engagement with peers, activities, and materials.						___ Performance ___ Product ___ Other	
4. documenting a child's progress, and evaluating whether or not stated goals and objectives have been achieved.						___ Performance ___ Product ___ Other	
5. fostering infant/child engagement and active participation in developmentally and functionally appropriate individual and group activities.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
6. supporting infant/child play, exploration, and creative use of toys and materials.						___ Performance ___ Product ___ Other	
7. supporting and facilitating infant/child use of functional communication and language skills.						___ Performance ___ Product ___ Other	
8. collaborating with the early intervention team, including the family, to consider, select, and implement augmentative communication systems.						___ Performance ___ Product ___ Other	
9. supporting peer interactions, social play and friendships.						___ Performance ___ Product ___ Other	
10. supporting positive caregiver- infant/child interactions and relationships.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
11. selecting and arranging play materials, furniture, and equipment to maximize infant/child engagement, independence, and mastery.						___ Performance ___ Product ___ Other	
12. promoting infant/child use of functional fine and gross motor skills.						___ Performance ___ Product ___ Other	
13. facilitating independent infant/child mobility and self-care.						___ Performance ___ Product ___ Other	
14. implementing nutrition and feeding strategies for children with special needs.						___ Performance ___ Product ___ Other	

E. Curriculum Development and Implementation

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. curricular models and approaches for inclusive early childhood education programs.						___ Performance ___ Product ___ Other	
2. developmentally and individually appropriate practices.						___ Performance ___ Product ___ Other	
3. developmental trends, content, methods, materials, and activities for curricula in the areas of:							
a. cognitive development;						___ Performance ___ Product ___ Other	
b. mathematics;						___ Performance ___ Product ___ Other	
c. communication and language development;						___ Performance ___ Product ___ Other	
d. literacy;						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
e. social and emotional development;						___ Performance ___ Product ___ Other	
f. creative expression;						___ Performance ___ Product ___ Other	
g. motor development;						___ Performance ___ Product ___ Other	
h. adaptive skills; and						___ Performance ___ Product ___ Other	
i. feeding and nutrition.						___ Performance ___ Product ___ Other	
4. the importance of play in the early childhood curriculum and methods to support and enhance children's play.						___ Performance ___ Product ___ Other	
5. The influence of the physical setting, schedule, routines, and transitions on children and the use of these experiences to promote children's development and learning.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
6. cultural and linguistic diversity and the significance of socio-cultural and political contexts for development and learning.						___ Performance ___ Product ___ Other	
Skill in:							
1. planning and implementing an integrated curriculum that focuses on infants'/children's needs and interests and takes into account culturally valued content and infants'/children's home experiences.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
2. making specific adaptations to the environment, curriculum, materials, equipment, and/or activities to meet the needs of infants/children who have unique talents, learning and developmental needs, or specific disabilities.						___ Performance ___ Product ___ Other	
3. developing and selecting learning experiences and strategies that affirm and respect family, cultural, and societal diversity, including language differences.						___ Performance ___ Product ___ Other	
4. designing plans that appropriately incorporate the use of technology, including adaptive and assistive technology.						___ Performance ___ Product ___ Other	

263

264

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
5. designing an effective daily schedule that is reasonably paced, minimizes the number of transitions, and provides for a balance of indoor and outdoor play, quieter and more active experiences, and self-selected and group experiences.						___ Performance ___ Product ___ Other	
6. planning and implementing effective and enjoyable group learning experiences for young children, including children with disabilities.						___ Performance ___ Product ___ Other	

266

265

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
7. designing an optimal physical environment that supports infant/child play and learning and is appropriate to varied developmental levels and individual children's interests, strengths, and needs.						___ Performance ___ Product ___ Other	
8. planning appropriate activities, schedules, and environments to meet the developmental and caregiving needs of infants and toddlers.						___ Performance ___ Product ___ Other	
9. supporting and facilitating play and family and infant/child interactions as primary contexts for learning and development.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
10. planning and implementing developmentally and individually appropriate learning experiences across all areas of the curriculum, for infants and young children including:							
a. cognitive development and problem-solving;						___ Performance ___ Product ___ Other	
b. mathematics;						___ Performance ___ Product ___ Other	
c. communication and language development;						___ Performance ___ Product ___ Other	
d. literacy;						___ Performance ___ Product ___ Other	
e. social and emotional development;						___ Performance ___ Product ___ Other	
f. creative expression;						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
g. motor development; and						___ Performance ___ Product ___ Other	
h. adaptive skills.						___ Performance ___ Product ___ Other	
11. developing, in partnership with families and other team members curricular goals and activities.						___ Performance ___ Product ___ Other	

V. Administration, Supervision, and Staff Development

A. Program Administration

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. administrative functions including formulation of program mission and philosophy, policy development, staffing, management of monetary resources, task and resource scheduling, record keeping, and monitoring and controlling for quality.						___ Performance ___ Product ___ Other	
2. major sources of state and federal funds supporting early intervention services.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
3. NAEYC accreditation standards and relevant state regulations for programs for infants and young children.						___ Performance ___ Product ___ Other	
4. the characteristics of high quality, effective service delivery systems and service delivery options for infants and young children with disabilities.						___ Performance ___ Product ___ Other	
5. strategies and options for establishing inclusive services and settings for young children with disabilities.						___ Performance ___ Product ___ Other	
6. the legal, philosophical, developmental, and ecological foundation of early intervention practices and their impact upon planning, implementing, and evaluating services.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
7. legal, ethical, educational, and empirical support for inclusion of children with disabilities in community-based programs.						___ Performance ___ Product ___ Other	
Skill in:							
1. analyzing the resources and needs of the community related to early intervention for infants and young children with disabilities.						___ Performance ___ Product ___ Other	
2. collaboratively selecting and supporting program staff.						___ Performance ___ Product ___ Other	
3. planning, implementing, and evaluating an early intervention program in collaboration with families and staff members.						___ Performance ___ Product ___ Other	

277

278

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
4. articulating program mission, philosophy, and goals and identifying supporting policies, practices, and activities.						___ Performance ___ Product ___ Other	
5. articulating and discussing current laws, regulations, initiatives, and best practices relative to the design, implementation, and evaluation of early intervention services for infants and young children with disabilities.						___ Performance ___ Product ___ Other	
6. establishing and maintaining physically and psychologically safe and healthy learning environments that promote the development and learning of infants and young children.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
7. creating a positive climate for collaboration and continued growth and development by staff members.						___ Performance ___ Product ___ Other	
8. putting in place clear channels and forums for discussion among colleagues and team members.						___ Performance ___ Product ___ Other	
9. administering other adults.						___ Performance ___ Product ___ Other	
10. providing leadership and support to staff during periods of organizational change.						___ Performance ___ Product ___ Other	

B. Supervision

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. the purposes and functions of supervision in early intervention programs for infants and young children with disabilities.						___ Performance ___ Product ___ Other	
2. models of supervision.						___ Performance ___ Product ___ Other	
3. methods of evaluating performance.						___ Performance ___ Product ___ Other	
Skill in:							
1. individualizing methods of supervision to match the needs, interests, and abilities of early intervention practitioners.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
2. observing practitioners and providing relevant feedback.						___ Performance ___ Product ___ Other	
3. encouraging reflection and problem-solving by practitioners.						___ Performance ___ Product ___ Other	
4. collaborating with practitioners to evaluate performance.						___ Performance ___ Product ___ Other	

C. Staff Development

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Trainee will demonstrate							
Knowledge of:							
1. research and principles of adult learning and development.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
2. models of staff development						___ Performance ___ Product ___ Other	
Skill in:							
1. planning, implementing and evaluating training activities for promoting the acquisition of new knowledge or skills by family members or other professionals.						___ Performance ___ Product ___ Other	
2. employing adult learning principles in supervising and training other adults.						___ Performance ___ Product ___ Other	
3. facilitating the identification of staff development needs and strategies for professional growth.						___ Performance ___ Product ___ Other	
4. helping adults under your supervision to improve their independent work skills and develop the ability to help other adults learn.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
5. applying various models of staff development in diverse situations.						___ Performance ___ Product ___ Other	

VI. Personal Professional Development

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Skill in:							
1. evaluating personal strengths and needs as they relate to the multiple roles of an early intervention specialist.						___ Performance ___ Product ___ Other	
2. disseminating information in both oral and written form.						___ Performance ___ Product ___ Other	
3. remaining current regarding changes in the field of early intervention by reading journals and attending conferences.						___ Performance ___ Product ___ Other	
4. presenting at conferences.						___ Performance ___ Product ___ Other	
5. engaging in reflective thinking and problem solving.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
6. expanding one's knowledge and expertise in areas relevant to the roles of an early intervention specialist.						___ Performance ___ Product ___ Other	
7. participate in professional organizations.						___ Performance ___ Product ___ Other	
8. engaging in public service relevant to early intervention concerns and issues at the local, state, and/or national levels.						___ Performance ___ Product ___ Other	

293

294

VII. Research and Program Evaluation

A. Research

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. research methods and approaches used in the field of early intervention.						___ Performance ___ Product ___ Other	
Skill in:							
1. evaluating research relevant to the field of early intervention.						___ Performance ___ Product ___ Other	
2. applying relevant research findings to professional practice.						___ Performance ___ Product ___ Other	
3. designing and conducting research relative to problems encountered in professional practice.						___ Performance ___ Product ___ Other	

B. Program Evaluation

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. current trends and practices in evaluating services for infants/children with disabilities and their families.						___ Performance ___ Product ___ Other	
2. procedures for planning and conducting comprehensive formative and summative evaluations of early intervention services for infants/children with disabilities.						___ Performance ___ Product ___ Other	
Skill in:							
1. evaluating early intervention programs for infants/children with disabilities and their families.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
2. developing and using formative and summative program evaluation to ensure the provision of high-quality, comprehensive early intervention services for infants/children with disabilities and their families.						___ Performance ___ Product ___ Other	

VIII. Assistive and Instructional Technology

A. Assistive Technology

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. available high and low assistive technologies for infants and young children with disabilities, especially those with low incidence disabilities.						___ Performance ___ Product ___ Other	
2. methods to help families access funding for assistive technology.						___ Performance ___ Product ___ Other	
3. ethical issues related to selection and use of assistive technology.						___ Performance ___ Product ___ Other	
4. methods for assessing the need for appropriate assistive technology, as well as the success and use of the technology.						___ Performance ___ Product ___ Other	

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Skill in:							
1. appropriate use of technology, including adaptive and assistive technology.						___ Performance ___ Product ___ Other	
2. ability to adapt and control tools associated with computer technology.						___ Performance ___ Product ___ Other	
3. obtaining funding for assistive technology.						___ Performance ___ Product ___ Other	
4. teaching families and other caregivers how to use assistive technology.						___ Performance ___ Product ___ Other	

B. Instructional Technology

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
Trainee will demonstrate							
Knowledge of:							
1. on-line resources for professionals and families in the area of early intervention.						___ Performance ___ Product ___ Other	
Skill in:							
1. ability to use the internet and on-line services for continuing professional development in the field of early intervention with infants and children with low incidence disabilities.						___ Performance ___ Product ___ Other	

IX. Professional Ethics, Advocacy, and Public Policy

A. Professional Ethics

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. code of ethics associated with relevant professional organizations.						___ Performance ___ Product ___ Other	
Skill in:							
1. adhering to a professional code of ethics.							
2. identifying ethical and policy issues related to educational, social, and medical services for infants/children with low incidence disabilities and their families.							

B. Advocacy

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. Local and state disability and children's advocacy organizations						___ Performance ___ Product ___ Other	
Skill in:							
2. Advocating for, and with, families and their infants/children with low incidence disabilities.							

C. Public Policy

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	Method of Demonstrating Competence	Description of Technique
Trainee will demonstrate							
Knowledge of:							
1. Maine State policies concerning Early Intervention for infants and young children with disabilities and their families.						___ Performance ___ Product ___ Other	
2. other state social policies affecting infants/young children with low incidence disabilities and their families (i.e., Medicaid, welfare, etc.).							
3. provisions of Part C of IDEA							
4. provisions of Part B of IDEA							

311

312

	NO TRAINING / OPPORTUNITY	EMERGING COMPETENCE	COMPETENT	HIGHLY COMPETENT	EXPERT / ABLE TO TRAIN OTHERS	**Method of Demonstrating Competence**	**Description of Technique**
5. other federal legislation and policies affecting young children with disabilities and their families (i.e., Head Start, ADA, Maternal and Child Health)							
6. the social, economic, and political factors that influence the development and implementation of public policies.							
7. strategies for influencing public policies.							
Skill in:							
1. critiquing public policies.							
2. formulating public policy recommendations.							
3. providing information to parents regarding their rights under Parts B and C of IDEA and other legislation and policies affecting infants/children with disabilities.							

Portfolio Worksheet

Demonstrating competence through the use of portfolios

Directions: Select at least one product for each of the sub-areas of all the competencies in the REIS/LID program as a means of demonstrating knowledge and skill competence. For clarification purposes, one competency area is Typical and Atypical Infant/Child Development. The three sub-areas for that competency are typical infant/child development, atypical infant/child development, and theory and research. This product may be an actual item you produced (e.g. a paper, lesson plans, or a brochure) that can be placed in a box or notebook or the product may be something (e.g. a committee on which you've served) you've done you can't put in a box but you can provide a written synopsis which can then be placed in a notebook.

A work sheet has been provided to assist you in planning what to include. This will also ensure that all competency sub-areas are addressed. Write the name of the product(s) in the corresponding column and then enter the number and letters of the knowledge and skill items this product represents. An example is provided. Select a product which fulfills two criteria. One, it is some of your best work and two, it addressed several of the items under knowledge and skill for that sub-area.

Clearly label the product with the competency sub-area each product addressed and your name. Organize the products in the order listed on the work sheet. You may put these items in a notebook, a file box or any other system that is appropriate for you needs.

Name: ______________________________ Date: ____________________

Competency Sub-Areas	Product(s)	Competencies Addressed
EXAMPLE: A. Typical Development	**EXAMPLE:** Assessment report and child study report	**EXAMPLE:** Knowledge items: 1 a-c; 2 a-i; 3; 4 Skill items: 1
I. Typical/Atypical Child Development		
A. Typical Development		Knowledge items: Skill items:
B. Atypical Development		Knowledge items: Skill items:
C. Theory & Research		Knowledge items: Skill items:
II. Collaborative Teaming		
A. Team Collaboration		Knowledge items: Skill items:
B. Service Coordination & Interagency Collaboration		Knowledge items: Skill items:

Competency Sub-Areas	**Product(s)**	**Competencies Addressed**
C. Consultation		Knowledge items: Skill items:
III. Family Partnership		
A. Family Systems & the Dynamics of Interaction		Knowledge items: Skill items:
B. Family-Centered Approach		Knowledge items: Skill items:
C. Theory & Research		Knowledge items: Skill items:
IV. Assessment, Program Development & Implementation		
A. Child Find		Knowledge items: Skill items:
B. Comprehensive Evaluation		Knowledge items: Skill items:

Competency Sub-Areas	**Product(s)**	**Competencies Addressed**
C. Planning & Implementing the IFSP		Knowledge items: Skill items:
D. Intervention Strategies		Knowledge items: Skill items:
E. Curriculum Development & Implementation		Knowledge items: Skill items:
V. Administration, Supervision, & Staff Development		
A. Program Administration		Knowledge items: Skill items:
B. Supervision		Knowledge items: Skill items:
C. Staff Development		Knowledge items: Skill items:
VI. Personal Professional Development		Knowledge items: Skill items:

Competency Sub-Areas	Product(s)	Competencies Addressed
VII. Research & Program Evaluation		
A. Research		Knowledge items: Skill items:
B. Program Evaluation		Knowledge items: Skill items:
VIII. Assistive & Instruction Technology		
A. Assistive Technology		Knowledge items: Skill items:
B. Instructional Technology		Knowledge items: Skill items:
IX. Professional Ethics, Advocacy, & Public Policy		
A. Professional Ethics		Knowledge items: Skill items:
B. Advocacy		Knowledge items: Skill items:
C. Public Policy		Knowledge items: Skill items:

Low Incidence Disability Checklist

BEST COPY AVAILABLE

RURAL EARLY INTERVENTION SPECIALISTS/LOW INCIDENCE DISABILITIES
Low Incidence Disability
Knowledge and Skills Checklist

Name________________________________

Check the disability categories you will focus on and describe the experiences you will be involved in:

Disability Category	Fall 1999	Planned Experiences	Spring 2000	Planned Experiences
Blindness and Visual Impairment				
Deafness and Hearing Impairment				
Medically Fragile/Complex Conditions				
Autism and Pervasive Developmental Disorders				
Deaf-Blindness				
Motor and Neuromotor Impairments				
Multiple or Severe Disabilities				

Directions for filling out the knowledge and skills checklists:

1) Indicate the disabilities and types of experiences you will be involved in on the front cover of the Knowledge and Skills Checklist.

2) For each disability you plan to focus on, complete the appropriate checklist.

3) Check (√) all the knowledge and skill areas you have prior experience in or knowledge of.

4) Check (√) all the knowledge and skill areas you expect to focus on during the current semester (Fall, 1999 or Spring, 2000) in the column that says "Areas of Focus". You can check skill/knowledge areas that you indicated you have prior experience in or knowledge of, if you wish to gain additional expertise in these areas. You may target additional skills or knowledge at any time during the semester.

5) Describe the activity you will engage in for each knowledge or skill area you will focus on, and how you will document it. As an example, if you plan to adapt some play materials for a child who is blind and evaluate the effectiveness of the adaptations by observing the child's play, you would write "adapt play materials for toddler who is blind, written evaluation". If you will being observing a vision specialist doing a functional vision assessment with a child, you could record "observe functional vision assessment 3/23, written notes." Various course projects may also provide opportunities for documentation of knowledge and skill areas.

6) When you have completed each activity and have documented it, put the date of completion in the "Date Completed Column".

RURAL EARLY INTERVENTION SPECIALISTS/LOW INCIDENCE DISABILITIES
Low Incidence Disability
Knowledge and Skills Checklist

Blindness and Visual Impairment (B/VI)

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
1. Causes of visual impairments.				
2. Classification of visual impairments.				
3. Signs of visual disorders in infants and young children.				
4. Methods of screening and assessing vision in infants and young children.				
5. Methods of functional vision assessment.				
6. Impact of other disabilities when combined with vision loss.				
7. Impact of vision loss on aspects of infant/child development and learning.				
8. Impact of vision loss on interpersonal relationships.				
9. Assistive devices and technology for children with visual impairment.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
10. Roles and responsibilities of relevant related services personnel (e.g., vision specialist, orientation and mobility specialist) on teams.				
11. Specialized intervention techniques and adaptations.				
12. Goals and strategies of orientation and mobility training for infants and young children.				
13. Local, state, and national resources for children with B/VI and their families.				
Skills in:				
14. Adapting curricula for children with B/VI.				
15. Adapting activities and physical environments for children with B/VI.				
16. Adapting assessment procedures for children with B/VI.				
17. Promoting active, multisensory exploration of the environment.				

Skills in:	**Check (√) Prior Experience/ Knowledge**	**Check (√) Area of Focus**	**Date Completed**	**Activity/ Documentation**
18. Facilitating and monitoring the use of assistive aids and devices.				
19. Providing visual stimulation experiences.				
20. Promoting the child's use of residual vision.				
21. Promoting the child's use of intact senses.				
22. Selecting and adapting play materials for infants/children with B/VI.				
23. Facilitating functional and symbolic play.				
24. Facilitating motor development and orientation and mobility skills.				
25. Facilitating the development of self-care skills.				
26. Facilitating independence in home, school, and community environments.				
27. Facilitating concept development.				
28. Facilitating the development of emergent literacy and pre-braille skills.				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
29. Assisting parents and other caregivers to effectively interact with their infant with B/VI.				
30. Assisting families to access information and resources for children with B/VI.				
31. Coordinating activities of related services personnel (e.g., vision specialist, orientation and mobility specialist).				

Deafness and Hearing Impairment (D/HI)

Knowledge of:	**Check (√) Prior Experience/ Knowledge**	**Check (√) Area of Focus**	**Date Completed**	**Activity/ Documentation**
1. Causes of hearing loss.				
2. Types of hearing loss.				
3. Methods of screening and assessing hearing in infants and young children.				
4. Signs of hearing loss in infants and young children.				
5. Assistive communication devices.				
6. Impact of hearing loss on aspects of infant/child development.				
7. Impact of hearing loss on communication and language development.				
8. Impact of hearing loss on interpersonal relationships.				
9. Impact of other disabilities when combined with hearing loss.				
10. Communication and language approaches.				
11. Local, state, and national resources for children with D/HI and their families.				

Skills in:	**Check (√) Prior Experience/ Knowledge**	**Check (√) Area of Focus**	**Date Completed**	**Activity/ Documentation**
13. Adapting curricula for children with D/HI.				
14. Adapting assessment procedures for children with D/HI.				
15. Facilitating and monitoring the use of assistive communication devices.				
16. Interpreting results of audiological evaluations.				
17. Providing accurate and objective information to families about the different communication approaches.				
18. Communicating effectively with infants/children with D/HI.				
19. Facilitating the child's use of residual hearing.				
20. Facilitating receptive and expressive language development.				
21. Modifying the home or classroom to optimize the auditory environment.				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
22. Assisting parents and other caregivers to effectively interact with their infant with D/HI				
23. Facilitating social play and interactions between children with D/HI and their peers				
24. Coordinating activities of related services (e.g., audiologist) and support (e.g., interpreter) personnel.				
25. Assisting families to access information and resources for children with D/HI.				

Deaf-Blindness (DB)

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
1. Causes of deaf-blindness.				
2. Impact of dual sensory impairment on aspects of infant/child development and learning.				
3. Impact of dual sensory impairment on interpersonal relationships.				
4. Methods of assessing functional vision and hearing.				
5. Formal and informal methods of assessment appropriate for identifying the abilities of infants/children with DB.				
6. Effective ways to communicate with and respond to the communication of the infant or young child with deaf-blindness.				
7. Alternative modes of communication and augmentative communication systems.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
8. Intervention strategies to facilitate the development of communication and social-communication skills.				
9. Methods of stimulating residual vision and hearing.				
10. Assistive devices and technology for children with deaf-blindness.				
11. Local, state, and national resources for children with deaf-blindness and their families.				
Skills in:				
12. Adapting curricula for children with DB				
13. Adapting assessment procedures for children with DB				
14. Adapting activities and physical environments for infants/young children with DB.				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
15. Communicating effectively with the infant or young child with DB				
16. Facilitating and monitoring the use of adaptive devices and technology.				
17. Using intervention strategies to facilitate the infant/child's use of communication and language skills.				
18. Using functional behavioral assessment and positive behavior supports to deal with maladaptive behaviors in young children with DB.				
19. Identifying input modalities that are available to the infant/child.				
20. Promoting active, multisensory exploration of the environment.				
21. Promoting the child's use of intact senses.				
22. Facilitating functional object play.				
23. Facilitating motor development and orientation and mobility skills.				

Skills in:	**Check (√) Prior Experience/ Knowledge**	**Check (√) Area of Focus**	**Date Completed**	**Activity/ Documentation**
24. Facilitating the development of self-care skills.				
25. Facilitating independence in home, school, and community environments.				
26. Facilitating concept development.				
27. Facilitating social play and interactions between children with DB and their peers.				
28. Facilitating the development of emergent literacy and pre-braille skills.				
29. Assisting parents and other caregivers to effectively interact with their infant with B/VI.				
30. Coordinating the activities of related services and support personnel.				
31. Assisting families to access information and resources on deaf-blindness.				

Motor and Neuromotor Impairments

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
1. Conditions that cause motor impairment in infants and young children.				
2. Impact of various types of motor and neuromotor impairments on motor abilities and movement.				
3. Impact of various types of motor and neuromotor impairments on aspects of infant/child development and learning.				
4. Terminology used to describe atypical motor patterns.				
5. Roles and responsibilities of relevant related services personnel (e.g., occupational therapist, physical therapist) on early intervention teams.				
6. Treatment models used in therapeutic intervention with infants and young children with motor impairments.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
7. Methods of assessment used to identify or diagnose infants/young children with motor impairments.				
8. Methods used to evaluate change in motor performance in infants and young children.				
9. Oral-motor and feeding problems in infants/children with neuromotor impairments.				
10. Strategies and techniques to facilitate the feeding process and improve feeding skills of infants/children with motor impairments.				
11. Goals and strategies of therapeutic positioning for infants/children with motor impairments.				
12. Adapted equipment used to facilitate positioning, mobility, communication, and learning of infants/children with motor impairment.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
13. Assistive devices and technology used to facilitate the independence of infants/children with motor impairments.				
14. Alternative modes of communication and augmentative communication systems for children with motor impairments who are nonverbal.				
15. Local, state, and national resources for children with motor and neuromotor impairments and their families.				
Skills in:				
16. Adapting curricula for children with motor impairments.				
17. Adapting activities, scheduling, and physical environments for children with motor impairments.				
18. Adapting assessment procedures for children with motor impairments.				

Skills in:	**Check (√) Prior Experience/ Knowledge**	**Check (√) Area of Focus**	**Date Completed**	**Activity/ Documentation**
19. Facilitating play and active exploration of the environment by infants/children with motor impairments.				
20. Participating in planning and implementation of feeding plans for infants/children with feeding problems.				
21. Handling and positioning infants/children with motor impairments.				
22. Selecting and adapting play materials for children with motor impairments.				
23. Monitoring and facilitating the use of adaptive devices and technology.				
24. Facilitating the development of functional motor skills in infants/children with motor impairments.				
25. Facilitating the development of self-care skills.				
26. Facilitating independence in home, school, and community environments				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
27. Facilitating social play and interactions between children with motor impairments and their peers				
28. Assisting parents and other caregivers to effectively interact with their infant with a motor impairment.				
29. Coordinating the activities of related services and support personnel				
30. Assisting families to access information and resources on motor or neuromotor impairments.				

Medically Fragile/Complex Conditions

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
1. Common causes of chronic, complex medical problems in infants and young children.				
2. Characteristics of common complex medical conditions in infants and young children.				
3. Impact of a complex medical condition of an infant or young child on the family system.				
4. Impact of complex medical conditions on infant/child nutrition and physical growth.				
5. Impact of frequent and/or prolonged hospitalization on infant/child developmental experiences.				
6. Impact of complex medical conditions and separation due to hospitalization on the parent-infant relationship.				
7. Ethical issues in the care of infants/young children with complex medical conditions.				
8. Perspectives on death and dying and the loss of a child.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
9. The various types of medical assistive technologies which may be required by infants and young children with complex medical conditions.				
10. Specialized health care practices, first aid techniques, and other medically relevant interventions necessary to maintain the health and safety of young children in a variety of early care and education settings.				
11. Universal precautions and protective barriers.				
12. Laws, regulations, and policies related to the provision of specialized health care in early care and education settings.				
13. Issues in providing early intervention services to young children with complex medical conditions in the most natural/least restrictive environment.				
14. Issues in providing continuity of care for infants/young children with complex medical conditions.				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
15. Adapting curricula for infants/young children with complex medical conditions.				
16. Adapting activities, schedules, and physical environments for infants/young children with complex medical conditions.				
17. Adapting assessment procedures for infants/young children with complex medical conditions.				
18. Recognizing warning signs of overexertion, physical distress, or emergencies in infants/ young children with complex medical conditions.				
19. Assisting young children with complex medical conditions to deal with their concerns and fears.				
20. Supporting families of infants/ young children with life-threatening conditions.				
21. Monitoring the physical growth and nutritional status of infants/young children with complex medical conditions				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
22. Supporting the parent-infant relationship of parents and infants who experience separation due to hospitalization.				
23. Facilitating parent-infant interactions.				
24. Facilitating play and active exploration of the environment by young children with complex medical conditions.				
25. Facilitating the sense of autonomy and control of the environment of infants/ young children with complex medical conditions in home, hospital, and early care and education settings.				
26. Collaborating with medical personnel to provide continuity of care and meet the developmental needs of infants/young children with complex medical conditions.				
27. Assisting families of young children with complex medical conditions to access information and resources to meet needs for social, emotional, material, and financial support.				

Autism and Pervasive Developmental Disorder (PDD)

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
1. Current theories of causation of autism.				
2. Characteristics of young children with autism and PDD and criteria used to diagnose these disorders.				
3. Characteristics of social and affective development in young children with autism/PDD.				
4. The development of communication and language in young children with autism/PDD.				
5. Characteristics of cognitive development in young children with autism/PDD.				
6. The development of functional and symbolic play in young children with autism/PDD.				
7. Sensory regulation and integration difficulties of young children with autism/PDD.				
8. The impact of autism/PDD on the family system.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
9. Diagnostic assessment of young children with autism/PDD.				
10. Major approaches to intervention with young children with autism/PDD and the research base that supports the various approaches.				
11. Methods to facilitate communication and language development in young children with autism/PDD.				
12. Methods to facilitate the development of functional and symbolic play in young children with autism/PDD.				
13. Methods to facilitate the development of social skills and interactions in young children with autism/PDD.				
14. Alternative and augmentative communication strategies appropriate for young children with autism/PDD.				
15. Specialized techniques and strategies (e.g., ABA, visual adaptations, Picture Exchange System).				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
16. Factors which can underlie challenging or problematic behaviors in young children with autism/PDD.				
17. Principles of positive behavioral support.				
18. Roles and responsibilities of relevant related service professionals (e.g., SLP, OT) on early intervention teams.				
19. Local, state, and national resources for children with autism/PDD and their families.				
Skills in:				
20. Adapting curricula for young children with autism/PDD.				
16. Adapting assessment procedures for young children with autism/PDD.				
17. Adapting space, materials, activities and schedules for young children with autism/PDD.				
18. Facilitating the development of communication and language skills.				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
19. Communicating effectively with young children with autism/PDD.				
20. Monitoring and facilitating the use of augmentative communication systems.				
21. Facilitating the development of joint attention and reciprocal interactions.				
22. Facilitating the development of peer interactions and friendships.				
23. Facilitating the development of functional and symbolic play.				
24. Facilitating the development of self-care and adaptive skills.				
25. Assisting families to manage problems with eating, sleeping, and other caregiving concerns.				
26. Using functional assessment and positive behavioral supports to prevent, decrease, or eliminate problematic behaviors of young children with autism/PDD.				
27. Facilitating self-control and self-management in young children with autism/PDD.				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
28. Providing accurate and objective information to families about the nature of autism/PDD and the various treatment approaches.				
29. Assisting families of young children with autism/PDD to access information and resources to meet needs for social, emotional, material, and financial support.				

Multiple or Severe Disabilities (Also See Sections on Visual, Hearing, and Motor Impairments, Autism/PDD, and Medically Fragile/Complex Conditions)

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
1. The varied etiologies of infants and young children with multiple/severe disabilities.				
2. The impact of multiple/severe disabilities on all aspects of infant/child development.				
3. The impact of sensory or motor impairments on infant/child development.				
4. The impact of multiple/severe disabilities, including motor and sensory impairments on social interactions.				
5. The impact of medical complications on infant/child development and learning.				
6. The impact of a child with a multiple/severe disability on the family system.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
7. Formal and informal methods of assessment appropriate for identifying the abilities of infants/children with multiple/severe disabilities.				
8. Methods of assessing behavioral characteristics (e.g., state, reactivity, mastery motivation, responsiveness) of infants/children with multiple/severe disabilities.				
9. Intervention strategies to increase desired behaviors and teach new skills (e.g., response prompting, naturalistic strategies, consequent strategies).				
10. Effective ways to communicate with and respond to the communication of the infant or young child with multiple or severe disabilities.				
11. Alternative modes of communication and augmentative communication systems.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
12. Intervention strategies to facilitate the development of communication and social-communication skills.				
13. Oral-motor and feeding problems in infants/children with neuromotor impairments.				
14. Strategies and techniques to facilitate the feeding process and improve feeding skills of infants/children with feeding problems.				
15. Goals and strategies of therapeutic positioning.				
16. The various types of medical assistive technologies which may be required by infants and young children with complex medical conditions.				

Knowledge of:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
17. Specialized health care practices, first aid techniques, and other medically relevant interventions necessary to maintain the health and safety of infants and young children with complex medical conditions in a variety of early care and education settings.				
18. Assistive devices and technology for children with disabilities.				
19. Roles and responsibilities of relevant related service professionals (e.g., SLP, OT, PT) on early intervention teams.				
20. Local, state, and national resources for children with multiple/severe disabilities and their families.				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
21. Adapting curricula to meet the needs of infants/young children with multiple/severe disabilities.				
22. Selecting assessment methods and procedures that provide information on qualitative aspects of behavior, sensory preferences, and functional behaviors.				
23. Adapting assessment procedures for infants/young children with multiple/severe disabilities.				
24. Adapting activities, schedules, and physical environments to meet the needs of children with multiple/severe disabilities.				
25. Facilitating contingency learning experiences for infants/children with multiple/severe disabilities.				
26. Assisting families to read and consistently respond to infant/child behaviors.				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
27. Using functional behavioral assessment and positive behavior supports to deal with maladaptive behaviors in young children with multiple/severe disabilities.				
28. Communicating effectively with the infant or young child with multiple/severe disabilities.				
29. Facilitating the development of prelinguistic and linguistic forms of communication.				
30. Facilitating the use of augmentative communication systems.				
31. Facilitating play and active exploration of the environment				
32. Facilitating functional and symbolic object play.				
33. Handling and positioning infants/children.				
34. Facilitating the development of functional motor skills.				
35. Selecting and adapting play materials				

Skills in:	Check (√) Prior Experience/ Knowledge	Check (√) Area of Focus	Date Completed	Activity/ Documentation
36. Monitoring and facilitating the use of adaptive devices and technology.				
37. Assisting parents and other caregivers to effectively interact with their infant or young child.				
38. Facilitating social play and interactions between children with and without disabilities.				
39. Conducting and implementing task analyses.				
40. Facilitating the development of self-care skills.				
41. Facilitating independence in home, school, and community environments.				
42. Coordinating the activities of related services and support personnel.				
43. Assisting families to access information and resources.				

Forum on Professional Development in Early Intervention

June 19, 2001

Agenda

9:30 - 10:00	Coffee
10:00 -10:15	Welcome and opening remarks
10:15 - 12:00	Panel discussions on current initiatives and resources **Panel 1**: Catholic Charities, Division for the Blind, New England Services for Deaf-Blind Children & Youth, Autism Society of Maine **Panel 2**: United Cerebral Palsy of Northeastern Maine, Maine Cite, Maine support Network, Maine Parent Federation **Panel 3**: Maine Roads to Quality, Resource Development Centers, Center for Community Inclusion, Education Development Center, Maine Association for Infant Mental Health, ACCESS **Panel 4**: DHS, DMHMRSAS, DOE, Maine Advisory Council on the Education of Children with Disabilities
12:00 - 1:00	Lunch **Panel 5**: Eastern Maine Technical College, Southern Maine Technical College, Central Maine Technical College, York County Technical College, University of Maine
1:00 - 2:00	Presentation on current trends and best practices in professional development
2:00 - 3:00	Small group discussions: Maine's resources, strengths, opportunities, and needs
3:00 - 3:45	Large group discussion
3:45 - 4:00	Summary and wrap-up

FORUM ON PROFESSIONAL DEVELOPMENT IN EI
ATTENDEES

Autism Society of Maine
693 Western Ave. #2
Manchester ME 04351
626-2708
asm@min.net
www.mainetoday.koz.com/maine/asm

Ken Arndt
Director
CDS-Aroostook
122 Academy Street
Presque Isle ME 04769

Stephanie Brann
Parent Educator/Information Specialist
Maine Parent Federation
PO Box 2067
Augusta ME 04338
623-2144
sbrann@mpf.org
www.mpf.org

Cindy Brown
Director
CDS-Piscataquis
PO Box 312, 26A Monument Sq.
Dover-Foxcroft ME 04426
cdsguide@gwi.net

James Burns, Jr.
Co Director
CDS-Knox
111 Tillson Avenue
Rockland ME 04841-2416

Molly Cowan
Outreach Co.
Washington County Children's Program
PO Box 311
Machias ME 04649
mtcowan@nemaine.com

Charlotte Cushman
Deafblind Services
PO Box 84
Thomaston ME 04861
596-6209
ccushman@midcoast.com

Pat Delaney
Assistant Director/Developmental Therapist
CDS - York
39 Limerick Road
Arundel ME 04046
985-7861 ext 19
cdsyc@cybertours.com

Mary Ann Demaree
Education Development Center
55 Chapel St.
Newton MA 02458
mdemaree@edc.org

Sandy Doctoroff
CCI, The University of Maine
5717 Corbett Hall
Orono ME 04469
581-1437
sandra-doctoroff@umit.maine.edu
www.ume.maine.edu/cci

Carol Gagnon
ECS
CDS - Aroostook
122 Academy Street
Presque Isle ME 04769

Sharon Gilbert
CCI, The University of Maine
5717 Corbett Hall
Orono ME 04469
581-1219
sharon.gilbert@umit.maine.edu
www.ume.maine.edu/dec

Damian Hall
CDS - Brunswick
127 Spruce Point Road
Yarmouth ME 04096
846-3936
damiankayak@hotmail.com

Deryl Holt
Director
CDS-Lincoln County
PO Box 1114
Damariscotta ME 04543
dholt@midcoast.com

Rosanne Jalbert
Gov. Baxter School for the Deaf
GBSD Mackworth Island
PO Box 799
Portland ME 04104-0799
781-6211
rosanne.jalbert@fc.baxter.put.k12.me.us

FORUM ON PROFESSIONAL DEVELOPMENT IN EI
ATTENDEES

Jeff Jones
Education Consultant
Division for the Blind
45 Oak St
Bangor ME 04401
561-4921
jeffrey.a.jones@state.me.us

Linda Labas
CCI, The University of Maine
69 Sewall Street
Augusta ME 04401
linda.labas@umit.maine.edu

Jane Loxterkamp
EMTC
354 Hogan Rd
Bangor ME 04401
941-4813
jloxterk@emtc.org

Kathryn Markovchick
Maine Support Network
PO Box 390
Readfield ME 04355
685-3171
kathrynm@maine.edu

Eileen McAvoy
Penquis CAP
120 Cleveland St.
Bangor ME 04401
941-2840
emcavoy@penquiscap.org

Gail McCarthy
Coordinator
CDS-Washington
PO Box 718
9 Cooper Street
Machias ME 04654
gmccart@nemaine.com

Dewey Meteer
Director
CDS-Waldo
139 Northport Avenue
Belfast ME 04915
wccds@gwi.net

Wanda Passero
DMHMRSAS
SHS #40
Augusta ME 04333
wanda.passero@state.me.us

Terri Petnov
SMTC
1 Fort Rd.
S. Portland ME 04106
767-9687
tpetnov@smtc.net

Norma Jean Polchies
Director of Child Care Services
Family Focus
44 Water St
Brunswick ME 04011
725-6506
npolchies@hotmail.com

Nancy Poulin
CDS-Project PEDS
159 Silver Street
Waterville ME 04901
projectpeds@wtvc.net

Kathleen Powers
Project Director
University of Maine System Network
46 University Drive
Augusta ME 04330
6213195
kpowers@doe.K12.me.us

Sue Reed
Maine Roads to Quality
1 Post Office Square
PO Box 15010
Portland ME 04101
780-5825

Connie Ronco
EMTC
354 Hogan Rd.
Bangor ME 04401
941-4813
cronco@emtc.org

Marilyn Russell
Maine Roads to Quality
PO Box 15010
Portland ME 04112
marilynr@usm.maine.edu
www.muskie.usm.maine.edu/maineroads

FORUM ON PROFESSIONAL DEVELOPMENT IN EI
ATTENDEES

Jean Small
ESBVIC
1066 Kenduskeag Ave
Bangor ME 04401
941-2855
jeansmall@ccmaine.org

Kathie Stead
CMTC
1250 Turner St.
Auburn ME 04210
755-5278
kstead@cmtc.net

Lesley Steltzer
Maine Autism Society of Maine
79 Manning Road
Hampden ME 04444

Deb Twomey
CCI, The University of Maine
69 Sewall Street
Augusta ME 04330
deborah.twomey@umit.maine.edu

Eleanor Weisman
Education Specialist
Penquis CAP RDC
120 Cleveland St
Bangor ME 04401
941-2840 ext 103

Surah Whelan
University College
Schoodic Hall
214 Texas Ave.
Bangor ME 04401
265-7982
whelan@maine.edu

Dana Wilson
Occupational Therapist
CDS - Hancock
190 Bangor Rd.
Ellsworth ME 04605
hccds@gwi.net

FORUM ON PROFESSIONAL DEVELOPMENT IN EI
UNABLE TO ATTEND

Carol Drugge
DHS-Office of Child Care
11 State House Station
Augusta ME 04333

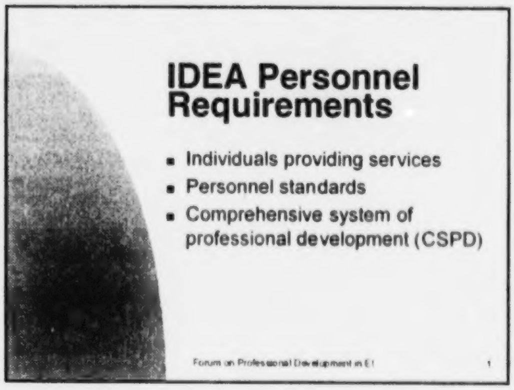
Kathleen Seitel
Director
CDS-Penobscot
Intown Plaza, 376 Harlow St.
Bangor ME 04401

Louise Marsden
PROP
510 Cumberland Ave
Portland ME 04101
874-1140

Lesley Youngblood
UCP of Maine
Evergreen Woods 700 Mount Hope Ave.
Suite 320
Bangor ME 04401

Debra Nugent-Johnston
ME Assoc. for Infant Mental Health
592 Sawyer Rd.
Greene ME 04236

Judy Reidt-Parker
PROP
510 Cumberland Ave.
Portland ME 04101

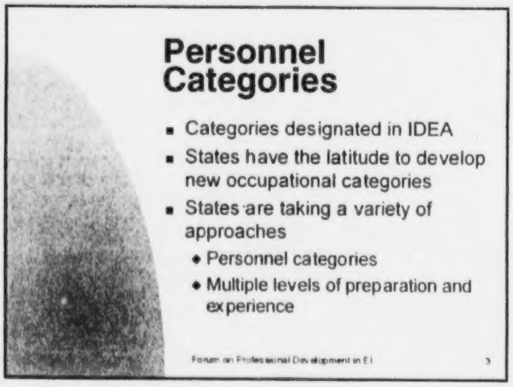


IDEA Personnel Requirements

- Individuals providing services
- Personnel standards
- Comprehensive system of professional development (CSPD)

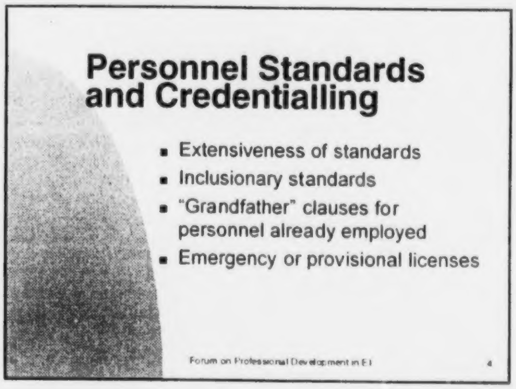
Trends and Recommended Practices

- Systems approach
- Family-centered practice
- Inclusion
- Collaborative (interdisciplinary and interagency) approaches
- Developmentally and individually appropriate practice
- Cultural and linguistic diversity
- Natural environments



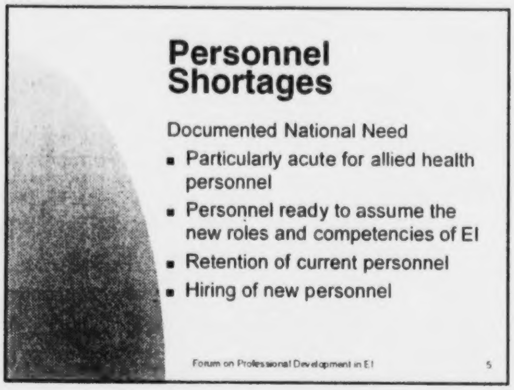
Personnel Categories

- Categories designated in IDEA
- States have the latitude to develop new occupational categories
- States are taking a variety of approaches
  - Personnel categories
  - Multiple levels of preparation and experience



Personnel Standards and Credentialling

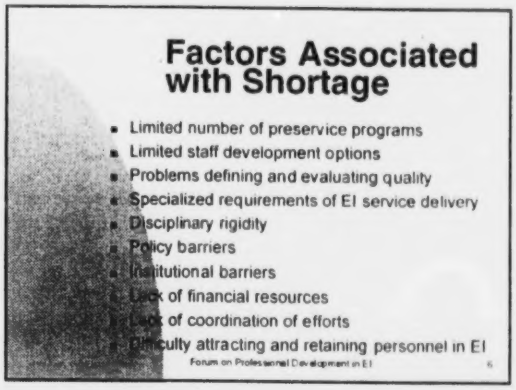
- Extensiveness of standards
- Inclusionary standards
- "Grandfather" clauses for personnel already employed
- Emergency or provisional licenses



Personnel Shortages

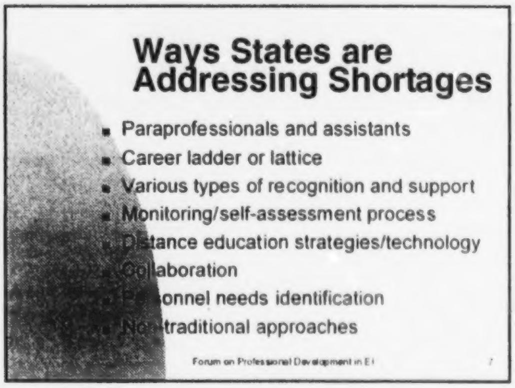
Documented National Need

- Particularly acute for allied health personnel
- Personnel ready to assume the new roles and competencies of EI
- Retention of current personnel
- Hiring of new personnel



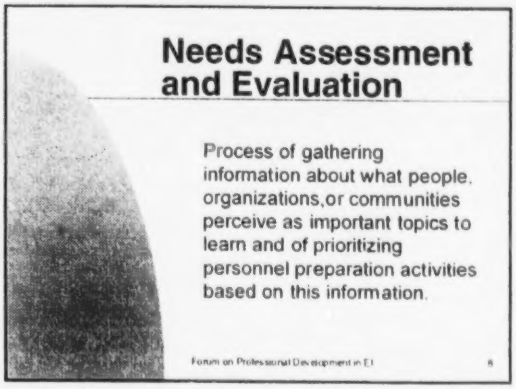
Factors Associated with Shortage

- Limited number of preservice programs
- Limited staff development options
- Problems defining and evaluating quality
- Specialized requirements of EI service delivery
- Disciplinary rigidity
- Policy barriers
- Institutional barriers
- Lack of financial resources
- Lack of coordination of efforts
- Difficulty attracting and retaining personnel in EI



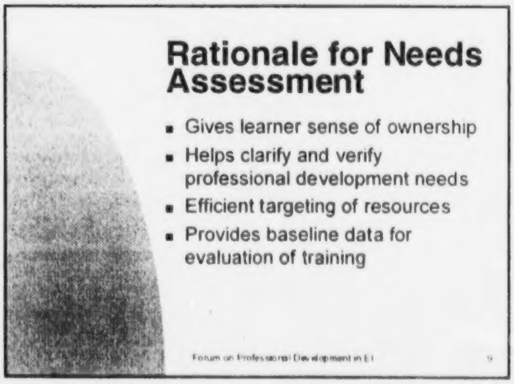
Ways States are Addressing Shortages

- Paraprofessionals and assistants
- Career ladder or lattice
- Various types of recognition and support
- Monitoring/self-assessment process
- Distance education strategies/technology
- Collaboration
- Personnel needs identification
- Non-traditional approaches



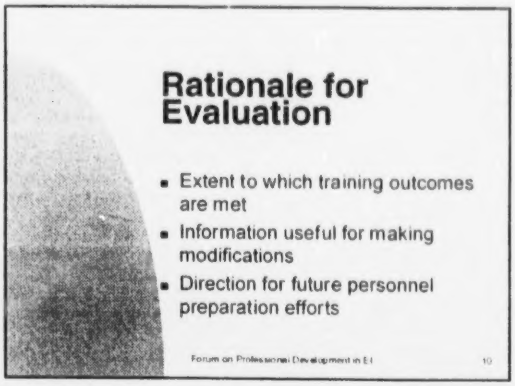
Needs Assessment and Evaluation

Process of gathering information about what people, organizations,or communities perceive as important topics to learn and of prioritizing personnel preparation activities based on this information.



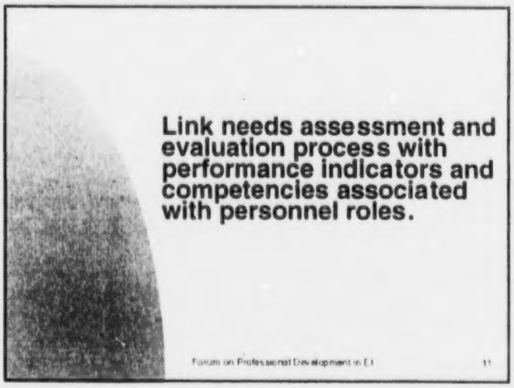
Rationale for Needs Assessment

- Gives learner sense of ownership
- Helps clarify and verify professional development needs
- Efficient targeting of resources
- Provides baseline data for evaluation of training

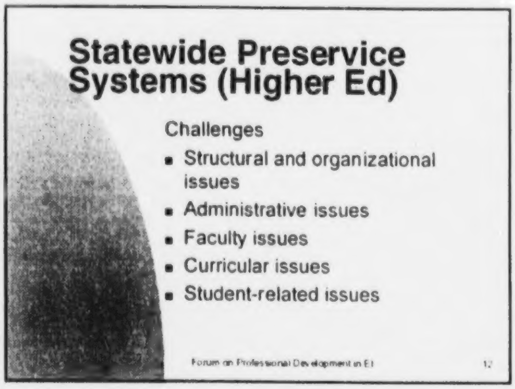


Rationale for Evaluation

- Extent to which training outcomes are met
- Information useful for making modifications
- Direction for future personnel preparation efforts



Link needs assessment and evaluation process with performance indicators and competencies associated with personnel roles.

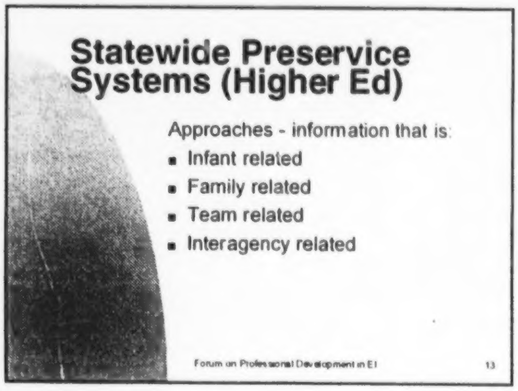


Statewide Preservice Systems (Higher Ed)

Challenges

- Structural and organizational issues
- Administrative issues
- Faculty issues
- Curricular issues
- Student-related issues

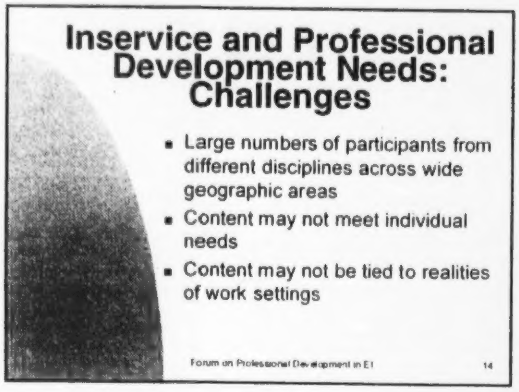
BEST COPY AVAILABLE



Statewide Preservice Systems (Higher Ed)

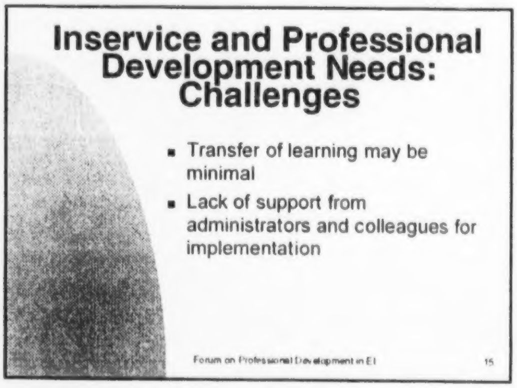
Approaches - information that is:

- Infant related
- Family related
- Team related
- Interagency related



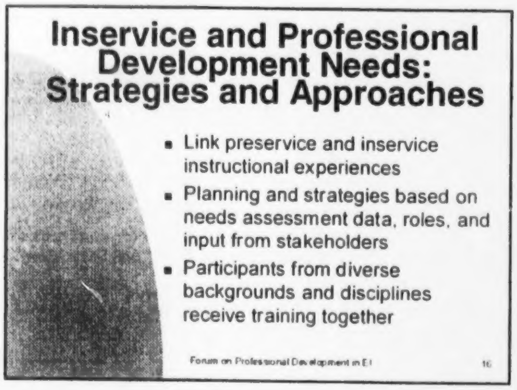
Inservice and Professional Development Needs: Challenges

- Large numbers of participants from different disciplines across wide geographic areas
- Content may not meet individual needs
- Content may not be tied to realities of work settings



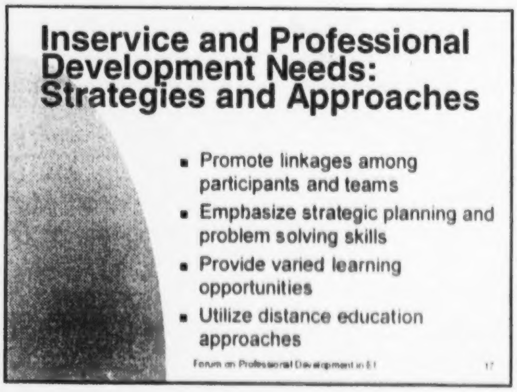
Inservice and Professional Development Needs: Challenges

- Transfer of learning may be minimal
- Lack of support from administrators and colleagues for implementation



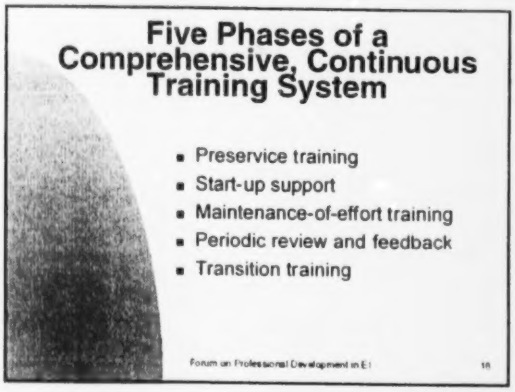
Inservice and Professional Development Needs: Strategies and Approaches

- Link preservice and inservice instructional experiences
- Planning and strategies based on needs assessment data, roles, and input from stakeholders
- Participants from diverse backgrounds and disciplines receive training together



Inservice and Professional Development Needs: Strategies and Approaches

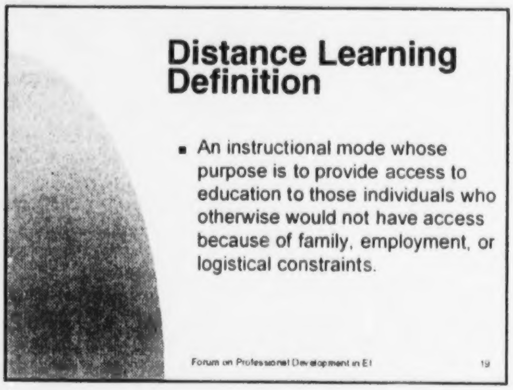
- Promote linkages among participants and teams
- Emphasize strategic planning and problem solving skills
- Provide varied learning opportunities
- Utilize distance education approaches



Five Phases of a Comprehensive, Continuous Training System

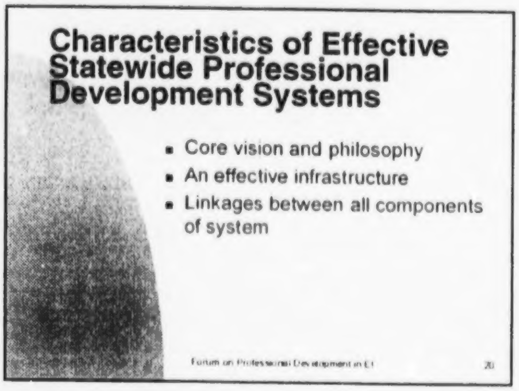
- Preservice training
- Start-up support
- Maintenance-of-effort training
- Periodic review and feedback
- Transition training

BEST COPY AVAILABLE



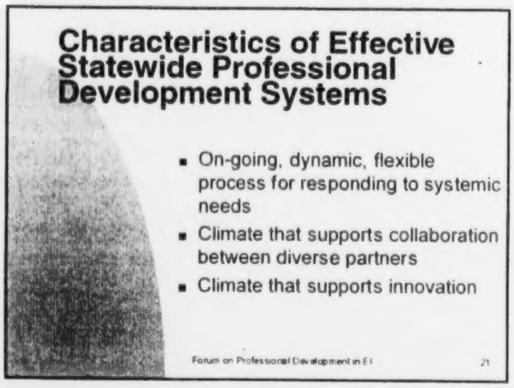
Distance Learning Definition

- An instructional mode whose purpose is to provide access to education to those individuals who otherwise would not have access because of family, employment, or logistical constraints.



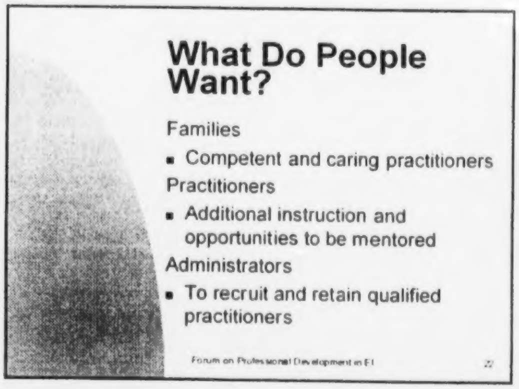
Characteristics of Effective Statewide Professional Development Systems

- Core vision and philosophy
- An effective infrastructure
- Linkages between all components of system



Characteristics of Effective Statewide Professional Development Systems

- On-going, dynamic, flexible process for responding to systemic needs
- Climate that supports collaboration between diverse partners
- Climate that supports innovation



What Do People Want?

Families

- Competent and caring practitioners

Practitioners

- Additional instruction and opportunities to be mentored

Administrators

- To recruit and retain qualified practitioners

Questions to Answer

What are our Resources, Strengths, and Opportunities?

- We are opening lines of communication with higher education
- The energy promoted regarding training
- Depts., Universities, Child Care, Agencies, etc. - these are all resources and strengths.
- MRTQ is a model & resource
- Small number of folks at this meeting so we can plan and discuss.
- Maine has a fair Amount of services available to serve children and families.
- At-risk children are being addressed in the state.
- Schools recognize CDS
- Funding upped for training
- EDC training offered to CDS
- Opportunity to get together
- Lots of resources

What are our Needs and Gaps?

- Website of statewide resources that is accurate & current
- Information about where to find different services
- Visual map of resources (training & services) in state
- Educate legislators on training needs, including what is needed from higher ed
- Decent wages for providers
- Tying credential & wages together

- Gap b/w training & needs in field, for example in SLP, Psych. The one SLP program doesn't graduate very many folks.
- Training for 1-1 aides. We need standards for this group.
- Gap b/w structure (career lattice) & standards
- Standards for paraprofessionals needed
- Loans for Higher Ed needed, or forgiveness of loans
- Define terms - EI, DT
- Get accurate word out on training
- Central body to help with distance learning. To help those who want it & those who give it
- Train parents along with professionals but how do we schedule?
- Geography is still an issue in Maine regarding availability of services
- Mechanism to evaluate efficacy of EI
- Need more training
- More training
    - time for orientation to the system
    - lack of release time to attend training
    - who can do the training for us?
- Hard to keep up with changes in the field
- Not everyone on team attends training
- Need to develop core training to learn about a program (CDS)

Are there Others who should be Involved?

- Parents
- Legislators
- Private Providers
- BDS trainings - BHS
- Spurwink

- Anyone doing curriculum training
- Warren Center
- Maternal & Child Health
- UNE, Husson College, Lewiston/Auburn - PT, OT
- UMO administration & faculty
- David Stockford
- Head Start director
- Jaci Holmes
- CSPD
- Regional Coordinators
- Others who do case management
- Baxter Outreach

What Additional Information do we Need?

- What is our vision?
    - Re: training
- Can we join with other groups?
    - Early childhood
- Next Step? Vision & Philosophy
- Need a map of who's who
- Timing - do during non-legislative time and when agencies aren't at the end of their budget. Maybe in October?

Forum on Professional Development in Early Intervention
June 19, 2001

Evaluation Form

	Strongly Disagree			Strongly Agree	
1. The purpose of the meeting was met. **Purpose:** to hear about training available in early intervention in the state and discuss ways to coordinate and collaborate to meet further training needs	1	2	3	4	5
2. The material presented was clear & well organized.	1	2	3	4	5
3. The forum provided useful handouts.	1	2	3	4	5
4. The forum included information I haven't heard previously.	1	2	3	4	5
5. I will use the information I received in my professional practice.	1	2	3	4	5

6. Were there some aspects of the forum that were particularly strong and/or useful?

☐ Yes
☐ No

If yes, please describe:

7. Were there some aspects of the forum that were particularly weak or not useful?

☐ Yes
☐ No

If yes, please describe and suggest an alternative:

8. What related or additional topics would you like to see in the future related to Professional Development Planning in Early Intervention?

9. Were there exceptional highlights or particularly useful comments during the day?

10. Do you have any thoughts/ideas or recommendations about this forum?

Please Rate The Facilities

	Poor				Excellent
Location	1	2	3	4	5
Food	1	2	3	4	5
Space	1	2	3	4	5

Other Comments:

Thank You!

Forum on Professional Development in Early Intervention
June 19, 2001

Evaluation Form

*Numbers and percentages are presented for each response. Note that not everyone attending responded to each item and that not all attendees completed an evaluation form.

	Strongly Disagree				Strongly Agree
1. The purpose of the meeting was met.					
Purpose: to hear about training available in early intervention in the state and discuss ways to coordinate and collaborate to meet further training needs	1 0/0%	2 1/7%	3 4/29%	4 6/43%	5 3/12%
2. The material presented was clear & well organized.	1 0/0%	2 4/27%	3 4/27%	4 6/40%	5 1/6&
Comments: Power Point presentation was confusing					
3. The forum provided useful handouts.	1 0/0%	2 2/13%	3 2/13%	4 9/61%	5 2/13%
4. The forum included information I haven't heard previously.	1 0/0%	2 1/6%	3 3/20%	4 9/61%	5 2/13%
5. I will use the information I received in my professional practice.	1 1/7%	2 3/20%	3 1/7%	4 8/53%	5 2/13%

Note: For the following two questions, all respondents either marked "Yes" or did not mark anything. Two respondents marked "No" for question 7.

6. Were there some aspects of the forum that were particularly strong and/or useful?

___ Yes

___ No

If yes, please describe:

- Good opportunity to further the development of mutually supportive teams in behalf of children and families.
- See there are state-wide similarities in problem areas.
- Simply bringing many entities together to dialogue on how services are delivered in the state and how we can train to deliver them.
- Opportunity for so many agencies to come together.
- Presentation by Sandra and Sharon.
- The panels were informative.
- The panels.
- Networking and connecting.
- Give and take.
- Contacts and increased knowledge of resources.
- Excellent idea. Small group interaction.

7. Were there some aspects of the forum that were particularly weak or not useful?

___ Yes

___ No If yes, please describe and suggest an alternative:

- Not sure how to answer this.
- A list of people on the panels. Who they are, how they are funded and linked together.
- Some of the areas were rushed. An opportunity for more breaks. Site was very good, food was very nice.
- Didn't need the overview of Personnel Prep. It was too rushed- would have been
- Better to focus on brainstorming and have more time.
- Please provide drinking water.
- The hours should change- ending at 2:30 pm is best for most. Begin at 9am. Travel for many is extensive.
- The last part of the afternoon was somewhat repetitious-the small group discussion work could have been compiled and sent out rather than going over it in the large group.
- The presentation was not addressing the interests of attendees. More workshoping on vision, etc. of group.
- Direction
- Too much talk at lecture of Prof. Dev. Stand.

8. What related or additional topics would you like to see in the future related to Professional Development Planning in Early Intervention?

- A "map" of service providers as suggested.
- More visionary planning.
- I would like to see follow up in small groups or through a task force to be sure that ideas that were discussed today are implemented.
- More on children in childcare.
- Gaps brought up.
- Schematic of services is needed.

9. Were there exceptional highlights or particularly useful comments during the day?

- Panel was good-but need to move on the nuts and bolts of training needs for all levels of early childhood intervention.
- Panel presentations were very good.
- Plan and organize further in advance to have greater number of participants.
- Yes, the coming together of various agencies and academic institutions.
- Parallel play of all the groups in the state around the topic of training.
- People care. You both have a lot of energy
- Do you have any thoughts/ideas or recommendations about this forum?
- My concerns are the negative thoughts from the CDS staff- things sound bleak and they seem nearly defeated. Are they trying to do too much.
- Meet at a different time of year.
- Would love to continue on.

- Continue on a regular basis.
- Do not get too big- keep to the groups that can commit funds. Also-keep to all aspects of training. Define Define Define – please
- Needs to be structured for total interaction- we need to learn from each other for conversation.

Please Rate The Facilities

*Numbers and percentages are presented for each response.

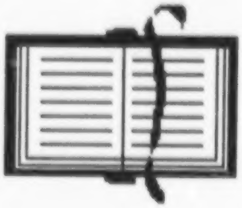
	Poor				Excellent
Location	1	2	3	4	5
	2/18%	0/0%	1/9%	5/45%	3/28%
Food	1	2	3	4	5
	1/9%	0/0%	1/9%	4/36%	5/46%
Space	1	2	3	4	5
	1/10%	0/0%	2/18%	4/36%	4/36%

- Softer seats.
- Cramped.

Other Comments:

- Good start!
- Thank you for organizing this.
- I strongly believe in the power of interaction to convey messages and learning- need to structure for interaction. You have a lot to offer.

REIS/LID
STUDENT GUIDE



CENTER FOR COMMUNITY INCLUSION,
MAINE'S UAP
and
COLLEGE OF EDUCATION AND HUMAN
DEVELOPMENT

University of Maine

4/15/99

Faculty and Administrative Personnel

Center for Community Inclusion (CCI)

Lu Zeph, Ph.D., Director of CCI and REIS/LID Project Director
Debbie Gilmer, M.Ed., Acting Director of CCI
Sandy Doctoroff Ph.D., REIS/LID Acting Project Director, Project Coordinator, Program Advisor/Supervisor
TBA, REIS/LID Program Advisor/Supervisor

College of Education and Human Development (COEHD)

Robert A. Cobb, Ed.D., Dean
Walter Harris, Ph.D., Associate Dean for Instruction

REIS/LID Interdisciplinary Core Faculty

A. James Artesani, Ph.D., Assistant Professor of Special Education, COEHD
Libby Cohen, Ed.D., Professor of Special Education,University of Southern Maine
Sandy Doctoroff, Ph.D., Research Assistant Professor, CCI
Lynn Gitlow, Ph.D., Research Assistant Professor, CCI
Marie Hayes, Ph.D., Associate Professor of Psychology
Joanne C. Holmes, M.Ed., State of Maine, Child Development Services
Paula Moore, Ed.D., Assistant Professor of Literacy, COEHD
D. Kimbrough Oller, Ph.D., Professor and Chair, Communication Disorders
Gary Schilmoeller, Ph.D., Associate Professor and Chairperson of Human
Development and Family Relations, COEHD
Loraine Spenciner, Ph.D., University of Maine, Farmington

Overview of the Program

The REIS/LID program offers graduate study in early intervention for practicing professionals in early intervention and related fields. This program prepares professionals to assume leadership roles in early intervention at the local and state levels, as well as, to provide high quality direct services to infants and young children with disabilities and their families. An emphasis on inclusive, developmentally appropriate, culturally sensitive practices from a family-centered perspective is threaded throughout all aspects of the REIS/LID program. A special feature of REIS/LID is preparation for meeting the unique needs of infants with low incidence disabilities. The program is funded, in part, through a grant from the U.S. Department of Education, Office of Special Education Programs (OSEP). Students may earn either an M.Ed. or a Certificate of Advanced Studies (CAS) in Special Education, within the Early Intervention Specialist program option in Special Education.

All courses will be offered one time only, according to a set sequence. Students are expected to complete all program and degree requirements over a 2 1/2 year period and to graduate in May 2001. Courses will be offered through a combination of distance education strategies, including on-site Saturday and/or evening classes, technology-based distance education (e.g., compressed video, ATM, interactive video), and intensive on-campus summer courses. On-site and on-line supervision will be provided throughout. Students are eligible to receive stipends of approximately $2,000 each year to support graduate study in the program.

Students will be expected to demonstrate competencies in ten areas: (a) typical and atypical infant/child development; (b) collaborative teaming; (c) family partnership; (d) infant/child assessment, program development, and implementation; (e) administration, supervision, and public policy; (f) staff development; (g) consultation; (h) action research and program evaluation; (i) assistive and instructional technology; and (j) professional development, ethics, and advocacy. A self-assessment of competencies will be completed by each student when they first enroll in the REIS/LID program. Students will document their achievement of competencies through a portfolio which they will be responsible for developing and maintaining throughout the program. Competencies will be reviewed and discussed with students in twice-a-semester meetings with a program advisor and completed competencies will be recorded on the competency checklist.

Students will participate in an initial pre-practicum experience for the purpose of obtaining a baseline assessment of student competencies in April and May 1999. The first course in the program of study, Typical and Atypical Development in Infancy and Early Childhood, will be offered during the 1999 May term via compressed video at 5 sites in the state (Orono, Presque Isle, Augusta, Portland, and Farmington). In July 1999 a one-week long, intensive summer course: Foundations of Early Intervention will be offered. This interdisciplinary 3-credit course will provide foundation competencies related to inclusive, family centered assessment and intervention, developmentally appropriate practices, and collaborative teaming.

Students will then complete Assessment, Intervention, and Program Planning for Early Intervention I in Fall, 1999 and Assessment, Inervention, and Program Planning II in Spring 2000. These courses will be scheduled for every other weekend (from 4 to 8 pm on Friday and from 8 am to 5 pm on Saturday) and students will attend class in either Orono or Portland. Students will be concurrently enrolled in practica during both the Fall 1999 and Spring 2000 semesters. Students will have the option of completing the practica in their present early intervention position or of being placed in a practicum site by their field supervisor, if they are not employed in a suitable setting. Each student will receive on- site supervision from the project faculty. Videotapes of students and computer conferencing between the field supervisor and student will be used to provide support and feedback to students between visits.

During Summer 2000 students will be enrolled in an intensive one-week course: Fostering Partnerships in Early Intervention. This course will focus on collaborative teaming, consultative roles, service coordination, interagency collaboration, advocacy, and professional ethics in early intervention. It will emphasize understanding of ecological systems, principles of family-centered care, and development of cultural competence.

In Fall 2000 students will take a 3-credit course, Methods of Inquiry in Early Intervention. This course will be taught weekends at both Northern and Southern Cohort sites. The course will introduce students to research approaches and designs used in the field of early intervention, qualitative and quantitative data collection, and data analysis. In addition, students will register for 3 credits of DIS 675, Graduate Project in Early Intervention. All students (Master's and CAS) will complete a graduate project as a requirement of the program. The purpose of the graduate project is to provide an opportunity for students to identify a significant problem or issue in the field of early intervention and to use a collaborative approach to inquiry to address the issue. Project faculty will guide the development and implementation of these year long projects. The graduate project will require each student to demonstrate competencies in the areas of action research, reflective practice, collaboration, leadership, and systems change at the microsystem or macrosystem level.

The Spring, 2001 semester will include the 3 credit course, Administration, Supervision, and Policy in Early Intervention which will meet weekends at Northern and Southern Cohort sites. Also, students will register for 3 credits of Graduate Project in Early Intervention for Low Incidence Disabilities. Students will receive on-site and on-line support from project faculty as they develop and complete their projects. Students will present their final projects to Project Core Faculty and to each other for peer review and faculty approval prior to graduation. Students will also submit their portfolios for final review to ensure that all competencies have been met.

BEST COPY AVAILABLE

Program Information

Certification

The REIS/LID curriculum is designed to meet the requirements for the State of Maine Department of Education endorsement, Teacher of Young Children with Disabilities-Birth to School-Age 5. We are currently in the process of obtaining program approval from the Department of Education. This will facilitate the process of receiving the endorsement for REIS/LID students. It will not be necessary for a Department official to evaluate transcripts course-by-course to see if all required areas of competency are met. Graduation from an approved program is all that is necessary.

Competencies

Students will be expected to demonstrate competencies in ten areas:

(a) typical and atypical infant/child development

(b) collaborative teaming

(c) family partnership

(d) infant/child assessment, program development, and implementation

(e) administration, supervision, and public policy

(f) staff development

(g) consultation

(h) action research and program evaluation

(i) assistive and instructional technology

(j) professional development, ethics, and advocacy

A self-assessment of competencies will be completed by each student when they first enroll in the REIS/LID program. Course and practica projects and assignments will be designed to help you meet the competency requirements. Students will document their achievement of competencies through a portfolio which they will be responsible for developing and maintaining throughout the program. Competencies will be reviewed and discussed with students in twice-a-semester meetings with a program advisor and completed competencies will be recorded on the competency checklist.

Course Descriptions

Typical and Atypical Development in Infancy and Early Childhood, 3 credit hours.

Examines theories and processes of development from pre-birth through age 5 and the impact of at-risk and disabling conditions on the development of infants and young children. A multicultural perspective and an integrative view of early development are emphasized.

Foundations of Early Intervention, 3 credit hours.

Provides an introduction to early intervention for young children with disabilities birth through five years of age. History and rationale, legal foundations, philosophical and theoretical perspectives, service delivery models, family-professional partnerships, assessment practices, and curriculum development are addressed from an inclusive, culturally competent, family-centered perspective.

Assessment, Intervention, and Program Planning for Early Intervention I, 6 credit hours.

Examines child find and screening, eligibility and programmatic assessment, collaborating with families in the IFSP process, designing developmentally appropriate learning programs, and principles and strategies of intervention from an inclusive, culturally competent, family-centered perspective. Emphasis on meeting specific needs of preterm and low birthweight infants; infants and young children who are at risk; and infants and young children with low incidence disabilities (i.e., medically fragile/complex conditions, multiple/severe disabilities, hearing loss, visual impairment). **Students are concurrently enrolled in Early Intervention Practicum I.**

Assessment, Intervention, and Program Planning for Early Intervention II, 6 credit hours.

Focuses on nontraditional/authentic assessment, design and evaluation of environments, curriculum development and planning, and instructional methods for inclusive early care and education programs. Emphasizes the central and integrative role of play in the early childhood curriculum and inclusive and developmentally appropriate practices. Examines modifications or adaptations of curricular goals and objectives, instructional strategies, materials, and activities to promote active learning and full participation by children with disabilities. **Students are concurrently enrolled in Early Intervention Practicum II.**

Early Intervention Practicum I, 3 credit hours.

Planning, implementing, and evaluating intervention for infants and young children with disabilities and their families. Students are expected to participate as a member of an early intervention team in a program or agency that provides services to children ages birth to school-age 5 and their families.

Early Intervention Practicum II, 3 credit hours.

Planning, implementing, and evaluating developmentally appropriate curricula and interventions in inclusive early care and education programs, including modifying or adapting curricular goals and objectives, instructional strategies, materials, and/or activities to promote active learning and full participation by infants and young children with disabilities. Students are expected to participate as a member of an early intervention team in a program or agency that provides services to children ages birth to school-age 5 and their families.

Fostering Partnerships in Early Intervention, 3 credit hours.

Develops knowledge, values, and skills for building partnerships with families, collaborative teaming, consultative roles, service coordination, advocacy, and professional ethics in early intervention. Emphasizes understanding of ecological systems, principles of family-centered care, and development of cultural competence.

Methods of Inquiry in Early Intervention, 3 credit hours.

Introduces students to research approaches and designs used in the field of early intervention, qualitative and quantitative data collection, and data analysis. Evaluation research and action research are also considered.

Administration, Supervision, and Policy in Early Intervention, 3 credit hours.

Examines state and federal policies concerning early intervention, public policy anlaysis, management of early intervention program components, standards and accreditation for early childhood programs, staffing and staff development, models of supervision, and program evaluation.

Graduate Project in Early Intervention, 3 credit hours.

Students identify a significant problem or issue in the field of early intervention and use a collaborative approach to inquiry to address the issue. The project requires the student to demonstrate competencies in action research, reflective practice, collaboration, leadership, and systems change at the micro or macro level.

Course Schedule

Semester	Course Title	Credit Hours
Spring 1999	Pre-Assessment of Program Competencies	0
May Term 1999	Typical and Atypical Development in Infancy and Early Childhood	3
Summer 1999	Foundations of Early Intervention	3

Fall 1999	Assessment, Intervention, and Program Development for Early Intervention I Early Intervention Practicum	6 3
Spring 2000	Assessment, Intervention, and Program Development for Early Intervention II Early Intervention Practicum	6 3
Summer 2000	Fostering Partnerships in Early Intervention	3
Fall 2000	Methods of Inquiry in Early Intervention Graduate Project in Early Intervention	3 3
Spring 2001	Administration, Supervision, and Policy in Early Intervention Graduate Project in Early Intervention *Elective (in a relevant discipline or area of study)	3 3 3
	Total	**42 Credits**

*Elective can be taken at any time during the program.

Degree Options

Students may earn either a Master's Degree (M.Ed.) or a Certificate of Advanced Studies (CAS). The CAS is an option for those students who have already earned a Master's Degree. The requirements (e.g., courses, competencies, graduate project) are the same for both options.

Graduate Project

Students will identify a significant problem or issue in the field of early intervention and use a collaborative, action research approach to address the issue. The project requires the student to demonstrate competencies in action research, reflective practice, collaboration, leadership, and systems change at the micro or macro

BEST COPY AVAILABLE

level. Students will be strongly encouraged to present their projects at appropriate state or national conferences.

Portfolio

The purpose of a portfolio is to illustrate who you are now and what you are striving to achieve as an early intervention professional. A portfolio serves as a site for documentation of your professional development. It is a dynamic form of documentation, emerging and changing as you develop as a professional. Developing a portfolio is somewhat like creating a photo album. As a photo album provides visual evidence of the growth and development of your family, a portfolio provides evidence of your growth and development as a professional.

As a professional, you may find that maintaining a portfolio is required as part of your Individual Professional Development Plan in your employment contract. Additionally, portfolios are valuable in job interviews. Completion of this portfolio will serve as testimony to your proficiency as an early intervention professional with committment to and competence in providing services and that are inclusive, developmentally appropriate, culturally competent, collaborative, and family-centered.

Specifically, this portfolio will document your professional development in each of the ten areas of competency. You will select artifacts which highlight your proficiency in each of these areas. Artifacts may include, for example, assessment reports and recommendations, sample IFSPs, parent communication methods you have implemented, child observations and diagnostic reflections, activity plans, intervention plans, and descriptions of data collection systems.

Practica

All students will complete 6 credits of practicum, 3 in Fall, 1999 and 3 in Spring, 2000. For the practica, students are expected to participate as a member of an early intervention team in a program or agency that provides services to children ages birth to school-age 5 and their families. Students may carry out the practicum requirements in their own work setting, as long as the setting meets the above parameters. All students must complete a minimum of **360 clock hours (180 clock hours per semester)** of direct contact with children, family members, program staff, and/or other program providers (as directly related to the needs of children in the practicum setting). Traditional one-to-one therapy and program administrative tasks cannot be counted toward the 360 hours.

Early Intervention Practicum I will focus on planning, implementing, and evaluating intervention for infants and young children with disabilities and their families and will be taken concurently with Assessment, Intervention, and Program Planning for Early Intervention I. Early Intervention Practicum II will focus on curriculum development for inclusive early care and education programs, including modification or adaptation of curricular goals and objectives, instructional strategies, materials, and/or activities to promote active learning and full participation by infants and young children with disabilities. It will be taken concurrently with Early Intervention Practicum II.

Students will be assigned to a REIS/LID faculty member who will supervise the student in the practicum setting. The goal of supervision is to support the student's growth and development as an early intervention specialist. The supervisor will raise questions or provide feedback based on his/her observations in an effort to help the student expand his/her perspectives on the intervention process. The focus is on engaging the student in a collaborative problem-solving process. All observations by supervisors will be arranged in advance.

Stipends

Stipends are available to all students in the REIS/LID program. Students will receive a stipend each year they are enrolled in the program. The stipends are provided through a grant from the U.S. Department of Education, Office of Special Education Programs (Award #H029A80031). Federal regulations require students who receive financial assistance through the Department of Education to provide two years of professional services to children with disabilities for each year a stipend is received or to repay all or part of the assistance received. In order to receive a stipend, students must sign a statement agreeing to this condition.

The amount of the stipends awarded will be determined by the number of students who wish to receive a stipend. The total amount of money available for stipend awards will be divided by the number of students. It is expected that stipends, on average, will be approximately $2,000 per year, although they may be somewhat more or somewhat less, depending on the number of students receiving them.

Each student will have an account with the University of Maine Business Office. The stipend funds will be deposited into the student's account and be applied toward tuition. You will receive a check for any remaining funds in the account.

Tuition

Graduate tuition at the University of Maine is $188.00 per credit hour. Graduate students are also charged a comprehensive fee if they are enrolled for 7 or more credit hours ($101.00). There is also a $3.00 per credit hour technology fee.

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

ERIC®

NOTICE

Reproduction Basis

☐ This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

☑ This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").

EFF-089 (3/2000)